2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State
01-22-2007 90074 033 ****61.25

DOCUMENT # N31599

1. Entity Name
SPRING CREEK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
123 SPRING CREEK DRIVE SAN MATEO, FL 32187 US	SPRING CREEK HMOW ASS INC P O BOX 384 SAN MATEO, FL 32187 US

01152007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
100 Seminole Circle	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: San Mateo, Fl	City & State
Zip: 32187 Country: USA	Zip Country

4. FEI Number: 59-3077340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLINS, ROBERT 123 SPRING CREEK DRIVE SAN MATEO, FL 32187	Name: Rita Arrington Street Address (P.O. Box Number is Not Acceptable): 100 Seminole Circle City: San Mateo FL Zip Code: 32187

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Rita Arrington — Rita Arrington — 1-15-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RX D COLLINS, ROBERT 123 SPRING CREEK DRIVE SAN MATEO, FL 32187	☐ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	J P Deschenes 108 E Tuscawilla Rd San Mateo, Fl 32187	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TWEEDALE, WENDY 109 TUSCAWILLA RD SAN MATEO, FL 32187	XXX Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	Tim Holland 109 Muskogee Rd San Mateo, Fl 32187	☐ Change XXX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LARRISON, NANCY 123 SPRING CREEK DRIVE SAN MATEO, FL 32187	XXX Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Kenny Rogers 107 Muskogee Rd San Mateo, Fl 32187	☐ Change XXX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABARBANEL, IAN 107 BARTRAM TRAIL SAN MATEO, FL 32187	XX Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Malinda Taylor 107 Dunlawton Ave San Mateo, Fl 32187	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD S-T-D ARRINGTON, RITA 100 SEMINOLE CIRCLE SAN MATEO, FL 32187	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Earl Wallace 126 Spring Creek Dr San Mateo, Fl 32187	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRACE, DELORES 110 N. BARTRAM TRAIL SAN MATEO, FL 32187	XXX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rita Arrington — Rita Arrington — 1-15-07 — 386-937-1094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #