

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31599

FILED
Jan 27, 2009
Secretary of State

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

Current Principal Place of Business:

100 SEMINOLE CR
SAN MATEO, FL 32187 US

New Principal Place of Business:

Current Mailing Address:

SPRING CREEK HMOW ASS INC
P O BOX 384
SAN MATEO, FL 32187 US

New Mailing Address:

FEI Number: 59-3077340 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ARRINGTON, RITA
100 SEMINOLE CR
SAN MATEO, FL 32187 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DESCHENES, JP
Address: 108 E. TUSCAWILLA RD
City-St-Zip: SAN MATEO, FL 32187

Title: VP () Delete
Name: HOLLAND, TIM
Address: 109 MUSKOGEE RD
City-St-Zip: SAN MATEO, FL 32187

Title: D () Delete
Name: ROGERS, KENNY
Address: 107 MUSKOGEE RD
City-St-Zip: SAN MATEO, FL 32187

Title: D () Delete
Name: TAYLOR, MALINDA
Address: 107 DUNLAWTON AVE.
City-St-Zip: SAN MATEO, FL 32187

Title: TD () Delete
Name: ARRINGTON, RITA
Address: 100 SEMINOLE CIRCLE
City-St-Zip: SAN MATEO, FL 32187

Title: D () Delete
Name: WALLACE, EARL
Address: 126 SPRING CREEK DR
City-St-Zip: SAN MATEO, FL 32187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KENNEDY, TED
Address: 103 S BARTRAM TRAIL
City-St-Zip: SAN MATEO, FL 32187

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DESCHENES, JP
Address: 108 E TUSCAWILLA RD
City-St-Zip: SAN MATEO, FL 32187

Title: D (X) Change () Addition
Name: TWEEDALE, WENDY
Address: 109 E TUSCAWILLA RD
City-St-Zip: SAN MATEO, FL 32187

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RITA ARRINGTON

TREA

01/27/2009

Electronic Signature of Signing Officer or Director

Date