

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90039 021 ****61.25

DOCUMENT # N35182

1. Entity Name
**NORTH CREEK DEVELOPMENT HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**504 NORTHCREEK DR
PENSACOLA, FL 32514 US**

Mailing Address
**504 NORTHCREEK DR
PENSACOLA, FL 32514 US**

40017276



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2977704

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MORTON, RICHARD
504 NORTHCREEK DR
PENSACOLA, FL 32514**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2005**

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	JAJEWSKI, FRANK	
STREET ADDRESS	513 NORTHCREEK DR	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	SHERMAN, BETHANY	
STREET ADDRESS	521 NORTHCREEK DR.	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE	S/TD	<input type="checkbox"/> Delete
NAME	MORTON, RICHARD	
STREET ADDRESS	504 NORTHCREEK DR	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIE LUTKEMEYER	
STREET ADDRESS	554 NORTHCREEK CIR	
CITY-ST-ZIP	PENSACOLA, FL 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Richard Morton **RICHARD MORTON**

2/7/05

850-477-6456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #