

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 OCT 27 11:10:06
TALLAHASSEE

DOCUMENT # N93000000777

1. Corporation Name

CREEKWOOD HOMEOWNERS ASSOCIATION, INC.

[Handwritten signature]

2. Principal Office Address
4250 ALAFAYA TRAIL

3. Mailing Office Address
4250 ALAFAYA TRAIL

Suite, Apt. #, etc.
SUITE 212, PMB 205

Suite, Apt. #, etc.
SUITE 212, PMB 205

City & State
OVIDO, FL

City & State
OVIDO, FL

Zip Country
32765-9424 SEMINOLE

Zip Country
32762 US

REINSTATEMENT 2006

4. Date Incorporated or Qualified To Do Business in Florida 03/15/1993

5. FEI Number 59-3172853

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RICHARD BYRD

Street Address (P.O. Box Number is Not Acceptable)
4135 SHADOW CREEK CIRCLE

Suite, Apt. #, Etc.

City
OVIDO

State Zip Code
FL 32765

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Richard Byrd

REGISTERED AGENT MUST SIGN

Date 10/21/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RICHARD BYRD	4135 SHADOW CREEK CIR	OVIDO, FL 32765
VP	ROBIN LUCIER	4121 SHADOW CREEK CIR	OVIDO, FL 32765
S	TERESA STEPHENS	4147 SHADOW CREEK CIR	OVIDO, FL 32765
T	LORI RODRIGUEZ	4231 SHADOW CREEK CIR	OVIDO, FL 32765
BM	LESTER GREEN	4129 SHADOW CREEK CIR	OVIDO, FL 32765

100091302951
10/27/06--01056--002 **61.25

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Richard Byrd

Richard Byrd

10/21/06

407-366-8442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2006

October 20, 2006

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Creekwood Homeowners Association, Inc.
Doc # N93000000777

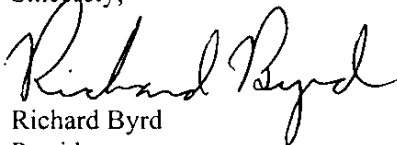
To Whom It May Concern:

Please find enclosed the Corporation Reinstatement form for Creekwood Homeowners Association, Inc. Please be advised that the Corporation never received their annual report notice for the 2006 filing year.

We ask that you waive the reinstatement fee and accept the enclosed check in the amount of \$61.25 to cover the Corporation's annual report fee for the year 2006.

Please advise as to any questions, or if any further information is required at this time.

Sincerely,


Richard Byrd
President