2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2011
Secretary of State

DOCUMENT# N93000000777

Entity Name: CREEKWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4250 ALAFAYA TRAIL
SUITE 212, PMB 205
OVIEDO, FL 327659424 US

New Principal Place of Business:

4250 ALAFAYA TRAIL
PMB 205
OVIEDO, FL 327659424 US

Current Mailing Address:

4250 ALAFAYA TRAIL
SUITE 212, PMB 205
OVIEDO, FL 327659424 US

New Mailing Address:

4250 ALAFAYA TRAIL
PMB 205
OVIEDO, FL 327659424 US

FEI Number: 59-3172853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BYRD, RICHARD
4135 SHADOW CREEK CIRCLE
OVIEDO, FL 32765 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: S
Name: CETTO, MICHELLE
Address: 4117 SHADOW CREEK CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: P
Name: BYRD, RICHARD
Address: 4135 SHADOW CREED CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: V
Name: SUTCU, MAZ
Address: 4278 SHADOW CREEK CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: T
Name: KREEGER, DICK
Address: 4125 SHADOW CREEK CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: BM
Name: GREEN, LESTER
Address: 4129 SHADOW CREEK CIR
City-St-Zip: OVIEDO, FL 32765

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE CETTO S 01/13/2011

Electronic Signature of Signing Officer or Director — Date