FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CHIPORATIONS **FILED**

Mar 14 1997 8:00am

Secretary of State

1997

N93000001593 (3) **DOCUMENT #**

Principal Place	CREEK HOMEOWNERS A	Mailing Address	AVE								
LAKELAND FL	33613	LAKELAND FL 336	13-10/4			l i	3. Date Incorporated or Qualified	3a. Date	of Last R	eporl	
							04/02/1993	03	3/06/199	∂6	
2. Principal F	Place of Business	2a. Mailing Address					4. FEI Number 59-3230443	Applied For Not Applicable			
Suite, Apt.	.#, etc.	- ├─┐	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re		
City & Stat	City & State	State			_	6. Election Campaign Financing \$5.00 May Be					
23	28					Trust Fund Contribution		Added			
Zip	Country	Zip	├ -	Country			8. This corporation has liability for intangible tax under s. 199.032,				
24	25	rent Registered Agent		[30]			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curre	in negistered Agent		81	Name		To. Hame and Address of New He	haratan Wö	ont.		
QTCDUE	NS DK						(2.00)				
STÉPHENS, D K 4190 S FLORIDA AVE				82	Street A 	Addres	ss (P.O. Box Number is Not Acceptab	e)			
LAKELAND FL 33813					f						
ern men i	, (84	City			 -	05 7	Code	
				184	City			FL	85 Zip (2006	
agent. I a	am familiar with, and accept the oblig	gations of, Section 617.	0503, Florida S	tatule	S.		ration submits this statement for the p n's board of directors. I hereby accep when reinstating)	DATE	itment as	registered	
12.		ID DIRECTORS		3.			ADDITIONS/CHANGES TO OFFIC				
TITLE	PD PRANTE FRANK	ÇX DE	•	1 TITLE	ļ			L	_ Change	Addition	
NAME	BENINETI, FRANK	11 10		2 NAME							
STREET ADDRESS	4110 SOUTH FLORIDA AVEN LAKELAND FL	IUE	1		ADDRESS						
CITY-ST-ZIP TITLE	VD	D		4 CITY - S 1 TITLE	51-212			7	Change	Addition	
NAME	TODD, M A		I -	2 NAME	İ			,	(
STREET ADDRESS	ARRA COLUMNIA DELLA DELL		2.3	3 STREET	ADDRESS	H	110 S. Florida	. ONU	e . \cdot		
CITY-ST-ZIP	LAKELAND FL 33813			4 CITY-:	ST-ZIP_						
TITLE	STD	X D€	LETI 31	TITLE					Change	Addition	
NAME	HUNT, HAL			2 NAME	Į						
STREET ADDRESS	4110 S FLORIDA AVE				ADURESS						
CITY-ST-ZIP	LAKELAND FL 33813	□ DE		1. CITY-	SY-ZIP				Change	Addition	
TITLE	D	i Di		TITLE DAME				L	7 chands	LI AUUIION	
NAME STREET ADDRESS	ADAMS, ROBERT J.			2 NAME 3 STREET	ADDRESS						
CITY-ST-ZIP	4110 S. FLORIDA AV			1 CITY-S							
TITLE	LAKELAND, FL. 3381	.3 <u> </u>		TALE				L	Change	Addilion	
NAME	D CORPUENC DONALD I			NAME	ļ						
STREET ADDRESS	STEPHENS, DONALD F 4110 S. FLORIDA AV		5.3	3 STREFT	ADDRESS						
CITY-ST-ZIP	LAKELAND, FL. 3381	3		1 CITY - S	ST - 71P	· · · · - ·			<u> </u>		
TITLE		D.E	ETE 6.1	TITLE	1				Change	Addition	
NAME			6.2	2 NAME	{						
STREET ADDRESS			6.3	STREET	ADDRESS						
CITY-ST-ZIP	!		6.4	OTY-S	ST-ZIP						

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.