2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000004685

FILED Jan 31, 2005 8:00 am tate

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IION	Secretary of S
	01-31-2005 90078 025 ****

	CREEK HOMEOWNERS	5' ASSOCIATION, IN	c.	
Principal Place of E THOMAS MCGLING 1140 CARDINAL (OVIEDO, FL 3276	CHY Creek Pl	Mailing Address THOMAS MCGLINCHY 1140 CARDINAL CREE OVIEDO, FL 32765	(PL US	50008226
2. Principal Place of Business . 3. M		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122005 Chg-NP CR2E037 (10/03)
		City & State		4. FEI Number Applied For 59-3228598 Not Applicable
Zip	Country	Zip -	Coûntry	5. Certificate of Status Desired S8.75 Additional Fee Required
	i. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
MCGLINCHY, 1140 CARDINA OVIEDO, FL 3	AL CREEK PLACE			dress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	ned entity submits this statement for of registered agent.	or the purpose of changing its	l registered office or r	egistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	ature, typed or printed name of registered agen	t and title if applicable. (NOT	E: Registered Agent signature	required when reinstating) DATE
Filing Fee is \$61.25 Due by May 1, 2005		I		
Due	e by May 1, 2005	Trust Fund (mpaign Financing Contribution.	Added to 1 ccs
10.	o by May 1, 2005 OFFICERS AND D	Trust Fund (Contribution.	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
10. TITLE PD NAME MC STREET ADDRESS 114	o by May 1, 2005 OFFICERS AND D	Trust Fund (Contribution.	Added to Fees Florida Department of State
10. TITLE PD NAME MC STREET ADDRESS 114 CITY-ST-ZIP OV TITLE VD NAME HIN STREET ADDRESS 115	OFFICERS AND DI OFFICERS AND DI OGLINCHY, THOMAS J 40 CARDINAL CREEK PL //IEDO, FL 32765	Trust Fund (11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition Change Change Addition
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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:

Daytime Phone #

Jonnifor christanson