FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

RECEIVED AND FILED
95 MAY -1 AM 10: 16
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004690 (3)**

1. Corporate Name
CREEK RUN TOWNHOME ASSOCIATION, INC.

Principal Place of Business
225 S. ADAMS ST.
SUITE 250
TALLAHASSEE FL 32301

Mailing Address
~~225 S. ADAMS ST.~~
~~SUITE 250~~
~~TALLAHASSEE FL 32301~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/22/1994
3a. Date of Last Report:
4. FEI Number: 59-3268238 — Applied For / Not Applicable

2. Principal Place of Business: 21 8891 APALACHEE PKWY.
2a. Mailing Address: 26 16057 TAMPA PALMS BLVD WEST
22 Suite, Apt. #, etc.:
27 Suite, Apt. #, etc.: SUITE, 262
23 City & State: TALLAHASSEE, FLORIDA
28 City & State: TAMPA, FLORIDA
24 Zip: 32311 — 25 Country: U.S.A.
29 Zip: 33647 — 30 Country: U.S.A.

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PANTALEON, I. ED
225 S. ADAMS ST.
SUITE 250
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: I. ED PANTALEON
82 Street Address (P.O. Box Number is Not Acceptable): 8891 APALACHEE PARKWAY
83
84 City: TALLAHASSEE — FL — 85 Zip Code: 32311

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] - I. ED PANTALEON, PRES.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PTD	11 TITLE	☒ Change ☐ Addition
NAME	PANTALEON, I. ED	12 NAME	
STREET ADDRESS	~~225 S. ADAMS ST., SUITE 250~~	13 STREET ADDRESS	16057 TAMPA PALMS BLVD., WEST SUITE 262
CITY-ST-ZIP	~~TALLAHASSEE~~ FL 32301	14 CITY-ST-ZIP	TAMPA, FL 33647
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	SPANN, WALTER D	22 NAME	
STREET ADDRESS	1872 BROOKSIDE BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32301	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, ROBERT R	32 NAME	
STREET ADDRESS	2429 LIMERICK DR.	33 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	REMITTED BY MAY 1
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] — 4-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001864