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Jul 02 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000003228 (1)

1. Corporation Name

CREEKWOOD HOMES' ASSOCIATION INC.



Principal Place of Business

4003  
4002 CHIPOLA ST  
TALLAHASSEE FL 32303

Mailing Address

4003  
4002 CHIPOLA ST  
TALLAHASSEE FL 32303-2422

3. Date Incorporated or Qualified  
06/17/1996

3a. Date of Last Report

4. FEI Number

59-3409139

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

2. Principal Place of Business

21 4003 Chipola St.

Suite, Apt. #, etc.

22 City & State

23 Tallahassee, FL

24 Zip

32303

Country

25 USA

2a. Mailing Address

26 4003 Chipola St.

Suite, Apt. #, etc.

27 City & State

28 Tallahassee, FL

29 Zip

32303

Country

30 USA

9. Name and Address of Current Registered Agent

ATKINSON, KEVIN R  
4002 CHIPOLA ST  
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name  
Pamela Naylor

82 Street Address (P.O. Box Number is Not Acceptable)

4003 Chipola

83 Tallahassee, FL 32303

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  
Pamela Naylor

(NOTE: Registered Agent signature required when reinstating)

5-27-97

DATE

12. OFFICERS AND DIRECTORS

TITLE P GROVES, JAY ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
4021 CHIPOLA ST  
TALLAHASSEE FL 32303

TITLE ☒ DIRECTOR ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
FAIRCLOTH, TODD  
4015 CHIPOLA ST  
TALLAHASSEE FL 32303

TITLE ☒ DIRECTOR ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
LEBLANC, GLENN  
4000 CHIPOLA ST  
TALLAHASSEE FL 32303

TITLE T ☒ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ATKINSON, KEVIN R  
4002 CHIPOLA ST  
TALLAHASSEE FL 32303

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
Bryan Turner  
4005 chipola st  
Tallahassee, FL 32303  
Director

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
see 12

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
see 12

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
Director  
Pamela Naylor  
4003 Chipola St.  
Tallahassee, FL 32303

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - 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.

CR2E037 (9/96)