

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 21, 2007
Secretary of State

DOCUMENT# N98000006187

Entity Name: CREEK'S RUN COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**309 STREAM VIEW WAY
WINTER SPRINGS, FL 32708**New Principal Place of Business:****Current Mailing Address:**309 STREAM VIEW WAY
WINTER SPRINGS, FL 32708**New Mailing Address:****FEI Number:** 59-3550245**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:****Name and Address of New Registered Agent:**FISHER, RUSMER, ET AL
20 NORTH ORANGE AVENUE
1500
ORLANDO, FL 32802 US

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: PATRICK H. WILLIS

06/21/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CELLUCCI, ANGELA
Address: 309 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: WILLIAMS, ROBERT
Address: 313 STREAM VIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD () Delete
Name: JOHNSON, SHANE
Address: 324 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V () Delete
Name: ANDERSON, DENISE
Address: 321 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Delete
Name: SCHACHT, KIMBERLY
Address: 350 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CELLUCCI, ANGELA
Address: 309 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Change () Addition
Name: STEVEN, DURKIN
Address: 344 STREAM VIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD (X) Change () Addition
Name: JOHNSON, SHANE
Address: 324 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD (X) Change () Addition
Name: KIMBERLY, SCHACHT
Address: 350 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANGELA CELLUCI

PD

06/21/2007

Electronic Signature of Signing Officer or Director

Date