

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001677

1. Entity Name

CREEKWOOD WEST COMMONS ASSOCIATION, INC.

APPROVED
AND
FILED

00 OCT -6 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 7110 FAIRWAY BEND LANE, #286 SARASOTA FL 34243 | Mailing Address 7110 FAIRWAY BEND LANE, #286 SARASOTA FL 34243 |
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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | |
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REINSTATEMENT

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| 4. FEI Number applied for | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|---|
| 6. Name and Address of Current Registered Agent SEMON, CHERYL L 7110 FAIRWAY BEND LANE, #286 SARASOTA FL 34243 | 7. Name and Address of New Registered Agent Name Caleb J. Grimes, Esquire Street Address (P.O. Box Number is Not Acceptable) 1023 Manatee Ave. W. City Bradenton FL Zip Code 34205 |
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8. 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 *Caleb J. Grimes* Caleb J. Grimes, Esquire 10-2-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 After September 13, 2000 min. will be \$236.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|--|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SEMON, CHERYL L 7110 FAIRWAY BEND LANE, #286 SARASOTA FL 34243 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RACE, GREG SEMBLER COMPANY, 5858 CENTRAL AVE. ST. PETERSBURG FL 33707-1728 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100003433951--4 -10/20/00--01078--014 ***236.25 ***236.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD MARVIN, DAREDA P.O. BOX 1550 BRADENTON FL 34206 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *C Cheryl L Semon* Cheryl L. Semon, President 10-2-00 (941) 35112-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #