

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000001677

1. Entity Name
CREEKWOOD WEST COMMONS ASSOCIATION, INC.



Principal Place of Business
**1812 MANATEE AVE. W.
BRADENTON, FL 34205**

Mailing Address
**1812 MANATEE AVE. W.
BRADENTON, FL 34205**



04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0677752

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRIMES, CALEB J ESQUIRE
1023 MANATEE AVE. W.
BRADENTON, FL 34205**

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARVIN, DAREDA
STREET ADDRESS	1023 MANATEE AVE. W.
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	D
NAME	DOSS, JAMES
STREET ADDRESS	1812 MANATEE AVE. W.
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	D
NAME	DESCHAMPS, ENGLISH
STREET ADDRESS	1812 MANATEE AVE. W.
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/06-80096-013 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Darenda Marvin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAREDA MARVIN, D. 4-10-06 9417480151

Date

Daytime Phone #