2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000056298



FILED Apr 28, 2008 8:00 am Secretary of State

DINARDO, ANTHONY SIRET ADDRESS 8156 FIDDLER'S CREEK PARKWAY NAPLES, FL 34114 ITILE NAME SIRET ADDRESS CITY-ST-2P NAPLES, FL 34114 TILE SD WOODWARD, MARK J SIRET ADDRESS CITY-ST-2P NAPLES, FL 34103 SIRET ADDRESS CITY-ST-2P ITILE NAME SIRET ADDRESS CITY-ST-2P ITILE N	1. Entity Nam	'S CREEK PROPERTY OV	VNERS' ASSOCIATI	ON,		7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	04-28-2008	3 90338 ()44 ***1:	50.00
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None None None None None None None None None Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FLE None None None None Signary In yeard promatinary submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plonda. I am familiar with, and accept the obligations of registered agent. None FILE MOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. None DINARDO, ANTHONY DINARDO, ANTHONY Detes ITILE VD DINARDO, ANTHONY NAPLES, FL 34114 TILE VD DINARDO, ANTHONY NAPLES, FL 34114 TILE VD DINARDO, ANTHONY NAPLES, FL 34114 TILE VD DINARDO, ANTHONY Detes TILE VD Detes TILE NAME SIRET ADDRESS GITT-ST-2P TILL NAME NAME NAME NAME SIRET ADDRESS SIRET ADDRESS GITT-ST-2P TILE Detes TILE NAME NAME NAME SIRET ADDRESS GITT-ST-2P TILE Detes TILE NAME NAME NAME NAME SIRET ADDRESS GITT-ST-2P TILE Detes TILE NAME NAME NAME SIRET ADDRESS GITT-ST-2P Change Addition TILE NAME NAME SIRET ADDRESS GITT-ST-2P TILE Detes TILE NAME NAME SIRET ADDRESS GITT-ST-2P TILE Detes TILE NAME NAME SIRET ADDRESS GITT-ST-2P TILE Detes TILE NAME SIRET ADDRESS GITT-ST-2P TILE Detes TILE NAME SIRET ADDRESS GITT-ST-2P TILE Detes TILE SIRET ADDRESS GITT-ST-2P TILE Detes TILE NAME SIRET ADDRESS GITT-ST-2P TILE Detes TILE SIRET ADDRESS GITT-ST-2P TILE Detes TILE TILE SIRET ADDRESS GITT-ST-2P TILE Detes TILE	Zip	Country	Zip	Country	_	5. Certificate o	Status Desired		\$8.75 Add Fee Require	ditional
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City FL Zip Code 8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. SIGNATURE FILE NOWILL FEE IS \$150.00 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 INE DINARDO, ANTHONY SIRET AUDRESS SIRE	3200 TAM	IAMI TRAIL N STE 200								
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 same of implatment agent and the it septicable. INCIT: Requirement Agent suprature recursed when it registered agent and the it septicable. INCIT: Requirement Agent suprature recursed when it registered agent and the it septicable. INCIT: Requirement Agent suprature recursed when it registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Incit: I	NAPLES, I	FL 34103		-						
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NAME STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP TO Change Addition 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS	WOODWARD, MARK J 3200 TAMIAMI TRAIL N STE 20	•	NAME STREET ADDRESS	Œ				Change	☐ Addition
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