

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000025548	
1. Entity Name CREEK CLUB GENERAL, INC.	

Principal Place of Business 4721 UNIVERSITY DR. CORAL GABLES FL 33146	Mailing Address C/O R + S MGMT 5821 REDDMANN RD CHARLOTTE NC 28-212+
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent SORKIN, LAWRENCE %R & S MANAGEMENT 4721 UNIVERSITY DRIVE CORAL GABLES FL 33146	
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4. FEI Number 65-0908207	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

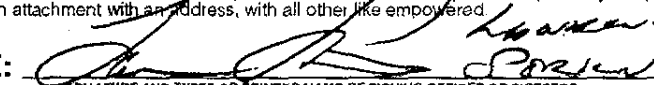
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D SORKIN, SELMA 10 EDGEWATER DRIVE, #6G CORAL GABLES FL 33133	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D SORKIN, LAWRENCE 5821 REDDMAN ROAD CHARLOTTE NC 29212	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D SORKIN, STEVEN 11900 FARMLAND DRIVE ROCKVILLE MD 20952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D LOS BEN, JUDITH 210 WEST RITTENHOUSE SQUARE #2507 PHILADELPHIA PA 19103	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
U00000255516 03/08/05-80017-018 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 607, 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:  **3/1/2005 704/532-0750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #