



**John R. Ashcroft**  
**Secretary of State**  
**State of Missouri**

**ORDER SUMMARY**

August 31, 2021

**Order No:** 12626284

**Order Date:** 08/31/2021 09:11 AM

**Primary Filer:** JOHN YOUNG  
 10660 BARKLEY SUITE 200  
 OVERLAND PARK KS 66212

**TOTAL DUE:** \$0.00

Product Description	Ship Via	Qty	Pgs	Unit	Extended	Amt Due
Annual Registration Report Online (D)	Email	1	0	\$10.00	\$10.00	\$0.00

Regarding Entity: Alexander Creek Homes Association, Inc.  
 Item No: ORI-08312021-0824

Convenience Fee				\$1.25	\$1.25	\$0.00
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**Order Total:** \$11.25 \$0.00

Payer	Type	Method	Reference	Amount
Young, John	Payment	Credit Card	0928 / Y776875Y	\$10.00
	Payment	Convenience Fees Collected by Payment Processor	0928	\$1.25
<b>Total Payments:</b>				\$11.25

Convenience fees are not assessed, collected or retained by the state.  
 Any questions about your order? Please visit [www.sos.mo.gov/business](http://www.sos.mo.gov/business) or call toll free (866) 223-6535.

**N00936914**  
**Date Filed: 8/31/2021**  
**John R. Ashcroft**  
**Missouri Secretary of State**

\* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 8/31/2021

**N00936914**  
Alexander Creek Homes Association, Inc.  
MPOWS SERVICE AGENT, INC.  
4435 MAIN ST. SUITE 920  
KANSAS CITY MO 64111

ORGANIZED UNDER THE LAWS OF:  
Missouri

PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: \*

10660 Barkley St (Required)

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STREET  
Overland Park KS 66212-1861

CITY / STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

The new registered agent \_\_\_\_\_

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

The new registered office address \_\_\_\_\_

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS		BOARD OF DIRECTORS *	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST PRESIDENT AND SECRETARY BELOW		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW	
<b>PRESIDENT</b>	Seward, John 2009 Creekview Ln STREET Raymore MO 64083-4502 CITY/STATE/ZIP	<b>NAME</b>	Seward, John 2009 Creek View Ln STREET Raymore MO 64083 CITY/STATE/ZIP
<b>SECRETARY</b>	Marlo, Michael 305 Alexander Creek Ct STREET Raymore MO 64083 CITY/STATE/ZIP	<b>NAME</b>	Klein, Veryl 1906 Creekview Ln STREET Raymore MO 64083-4503 CITY/STATE/ZIP
<b>VICE PRESIDENT</b>	Klein, Veryl 1906 Creekview Ln STREET Raymore MO 64083-4503 CITY/STATE/ZIP	<b>NAME</b>	McGinnis, Diana 315 Cold Water Ln STREET Raymore MO 64083-4506 CITY/STATE/ZIP
<b>TREASURER</b>	McGinnis, Diana 315 Cold Water Ln STREET Raymore MO 64083-4506 CITY/STATE/ZIP	<b>NAME</b>	Marlo, Michael 305 Alexander Creek Ct STREET Raymore MO 64083-7109 CITY/STATE/ZIP

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable. \*

4 **Authorized party or officer sign here** John Seward (Required)

**Please print name and title of signer:** John Seward / President

NAME TITLE

REGISTRATION REPORT FEE IS:  
\_\_ \$10.00 If filed on or before 8/31/2021  
\_\_ \$15.00 If filed after 9/30/2021

Corporation will be administratively dissolved if report is not filed by 11/29/2022

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_