


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000007406			
<b>1. Entity Name</b> CREEKSIDE CONDOMINIUM ASSOCIATION, INC.			
<b>Principal Place of Business</b> 4836 ATLANTIC BLVD JACKSONVILLE, FL 32207		<b>Mailing Address</b> 4836 ATLANTIC BLVD JACKSONVILLE, FL 32207	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> PO Box 10014	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville, FL	
Zip		Zip 32247-0014	
Country		Country USA	
<b>4. FEI Number</b> 20-1407850		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PATTERSON, BOND & LATSHAW, P.A. 3010 S 3RD STREET JACKSONVILLE BEACH, FL 32250		<b>7. Name and Address of New Registered Agent</b>	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City FL	
Zip Code		Zip Code	
<b>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.</b>			
SIGNATURE		DATE 01/12/06--01055--027 **61.25	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	
		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARTER, GRETA 4836 ATLANTIC BLVD JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Greta Carter 1605 Brookside Cir. E. Jacksonville, FL 32207
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CICHOCKI, ANN 4836 ATLANTIC BLVD JACKSONVILLE, FL 32207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Terrence Campbell 4836 Atlantic Blvd. #204 Jacksonville, FL 32207
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Mary Hains 4836 Atlantic Blvd. #214 Jacksonville, FL 32207
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Steve Jahnke 4836 Atlantic Blvd. #111 Jacksonville, FL 32207
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Frank Sykora 12574 Attrill Rd. Jacksonville, FL 32258
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>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 another like empowered.</b>			
SIGNATURE: <i>Ann Marie Campbell</i>		SIGNATURE: <i>TERRENCE J. CAMPBELL</i>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 12/16/05	
		DAYTIME PHONE #: 904-741-2277	

FILED  
06 JAN -9 AM 10:55  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



12052005 Chg-NP CR2E037 (10/03)