
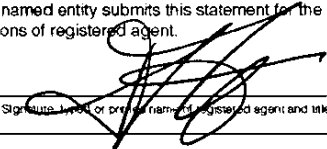
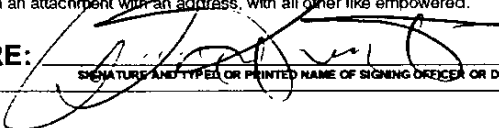


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90328 026 ****61.25

DOCUMENT # N04000007406			
1. Entity Name CREEKSIDE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4836 ATLANTIC BLVD JACKSONVILLE, FL 32207		Mailing Address P.O. BOX 10014 JACKSONVILLE, FL 32247-0014 <i>same as business</i>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4836 Atlantic Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
32207	USA	32207	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PATTERSON, BOND & LATSHAW, P.A. 3010 S 3RD STREET JACKSONVILLE BEACH, FL 32250		Name <i>John R. Geiger, PA</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>4475 US 1 S #406</i>	
		City <i>St Augustine</i> FL Zip Code <i>32086</i>	
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 		John R Geiger DATE 4-11-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAMPBELL, TERRANCE 4836 ATLANTIC BLVD #204 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP David Rosowski 4836 Atlantic Blvd #120 Jacksonville, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HAINS, MARY 4836 ATLANTIC BLVD #214 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Steve Jahnke 2817 Haddock Rd. Jacksonville, FL 32218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JAHNKE, STEVE 4836 ATLANTIC BLVD #111 JACKSONVILLE, FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Amy Vaughn 4836 Atlantic Blvd #104 Jacksonville, FL 32207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SYKORA, FRANK 12574 ATTRIN RD JACKSONVILLE, FL 32258 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Frank Sykora 12574 Attrill Rd Jacksonville, FL 32258 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4-13-07 904-325-4057 Date Daytime Phone *	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			