

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 26, 2006
Secretary of State**

DOCUMENT# N05000002224

Entity Name: CREEKSIDE COMMUNITY ASSOCIATION, INC. OF CHARLOTTE COUNTY**Current Principal Place of Business:**4470 FOWLER STREET
FORT MYERS, FL 33901**New Principal Place of Business:**11691 GATEWAY BOULEVARD
SUITE 203
FORT MYERS, FL 33913**Current Mailing Address:**4470 FOWLER STREET
FORT MYERS, FL 33901**New Mailing Address:**11691 GATEWAY BOULEVARD
SUITE 203
FORT MYERS, FL 33913

FEI Number: 83-0425080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:COOKSON, SCOTT
4470 FOWLER STREET
FORT MYERS, FL 33901 US**Name and Address of New Registered Agent:**WOLFE, PHILLIP
4470 FOWLER STREET
FORT MYERS, FL 33901 US

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.

SIGNATURE: PHILLIP WOLFE

09/26/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: BENSON, ROD
Address: 4470 FOWLER STREET
City-St-Zip: FORT MYERS, FL 33901Title: DVP () Delete
Name: WANZECK, MATT
Address: 4470 FOWLER STREET
City-St-Zip: FORT MYERS, FL 33901Title: DST () Delete
Name: NOAH, RYAN
Address: 4470 FOWLER STREET
City-St-Zip: FORT MYERS, FL 33901**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DP (X) Change () Addition
Name: SANDS, JEFF
Address: 4470 FOWLER STREET
City-St-Zip: FORT MYERS, FL 33901Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF SANDS

PRES

09/26/2006

Electronic Signature of Signing Officer or Director

Date