

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002224

FILED
Mar 31, 2008
Secretary of State

Entity Name: CREEKSIDE COMMUNITY ASSOCIATION, INC. OF CHARLOTTE COUNTY

Current Principal Place of Business:

11691 GATEWAY BOULEVARD
SUITE 203
FORT MYERS, FL 33913

New Principal Place of Business:

3450 BUSCHWOOD PARK DRIVE
SUITE 250
TAMPA, FL 33618

Current Mailing Address:

11691 GATEWAY BOULEVARD
SUITE 203
FORT MYERS, FL 33913

New Mailing Address:

3450 BUSCHWOOD PARK DRIVE
SUITE 250
TAMPA, FL 33618

FEI Number: 83-0425080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFE, PHILLIP
4470 FOWLER STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

BOND, KEVIN
3450 BUSCHWOOD PARK DRIVE
SUITE 250
TAMPA, FL 33618 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: KEVIN BOND

03/31/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WANZECK, MATT
Address: 4470 FOWLER STREET
City-St-Zip: FORT MYERS, FL 33901

Title: DVP () Delete
Name: FUGLEBERG, WILLIAM
Address: 4470 FOWLER STREET
City-St-Zip: FORT MYERS, FL 33901

Title: DST () Delete
Name: EDWARDS, DAN
Address: 4470 FOWLER STREET
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FIREBAUGH, CHLOE R
Address: 3450 BUSCHWOOD PARK DRIVE, SUITE 250
City-St-Zip: TAMPA, FL 33618

Title: DVP (X) Change () Addition
Name: BOND, KEVIN
Address: 3450 BUSCHWOOD PARK DRIVE, SUITE 250
City-St-Zip: TAMPA, FL 33618

Title: DST (X) Change () Addition
Name: EDWARDS, DAN
Address: 3450 BUSCHWOOD PARK DRIVE, SUITE 250
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify 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: CHLOE R. FIREBAUGH

PD

03/31/2008

Electronic Signature of Signing Officer or Director

Date