

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 26 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N94000000424 (1)**

1. Corporation Name

**CREEKSIDE CROSSING CONDOMINIUM ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6702 LONE OAK BLVD NAPLES FL 33942	6702 LONE OAK BLVD NAPLES FL 33942

3. Date Incorporated or Qualified <b>01/19/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0469763</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**-RUEMLER, TIM**  
6702 LONE OAK BLVD  
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name <b>RUEMLER, TIM</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6702 LONE OAK BLVD</b>
83 City <b>NAPLES, FL</b>
84 City <b>FL</b>
85 Zip Code <b>33942</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	<b>MAYB, KEVIN</b>
STREET ADDRESS	<b>6702 LONE OAK BLVD</b>
CITY - ST - ZIP	<b>NAPLES FL 33942</b>
TITLE	VD
NAME	<b>RUEMLER, TIM</b>
STREET ADDRESS	<b>6702 LONE OAK BLVD</b>
CITY - ST - ZIP	<b>NAPLES FL 33942</b>
TITLE	SD
NAME	<b>FLISS, DIANA</b>
STREET ADDRESS	<b>6702 LONE OAK BLVD</b>
CITY - ST - ZIP	<b>NAPLES FL 33942</b>
TITLE	T
NAME	<b>MCMILLAN, WES</b>
STREET ADDRESS	<b>6702 LONE OAK BLVD</b>
CITY - ST - ZIP	<b>NAPLES FL 33942</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MCLEOD, MIKE</b>	
1.3 STREET ADDRESS	<b>6702 LONE OAK BLVD</b>	
1.4 CITY - ST - ZIP	<b>NAPLES, FL 33942</b>	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>FLISS, DIANA</b>	
2.3 STREET ADDRESS	<b>6702 LONE OAK BLVD</b>	
2.4 CITY - ST - ZIP	<b>NAPLES, FL 33942</b>	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HALL, SCOTT</b>	
3.3 STREET ADDRESS	<b>6702 LONE OAK BLVD</b>	
3.4 CITY - ST - ZIP	<b>NAPLES, FL 33942</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: [Signature] 4.19.95 8:13.5984145  
Date Daytime Phone