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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000000424 (1)
1. Corporation Name
CREEKSIDE CROSSING CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 6702 LONE OAK BLVD, NAPLES FL 33942
Mailing Address: 6702 LONE OAK BLVD, NAPLES FL 34109-6834

3. Date Incorporated or Qualified: 01/19/1994
3a. Date of Last Report: 07/15/1996

2. Principal Place of Business: c/o PMP of Southwest Florida, Inc. Vineyards Blvd, Naples FL
2a. Mailing Address: c/o PMP of Southwest Florida, Inc. Vineyards Blvd, Naples FL
22. City & State: Naples FL
23. Zip: 34119, Country: USA

4. FEI Number: 65-0469763
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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: Kimberly Coomer, c/o PMP of Southwest Florida, Inc., 100 Vineyards Blvd, Naples FL, Zip Code 34119

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Kim Coomer Prop Mar*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input checked="" type="checkbox"/>
NAME	FLISS, DIANA	
STREET ADDRESS	6702 LONE OAK BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input checked="" type="checkbox"/>
NAME	HALL, SCOTT	
STREET ADDRESS	6702 LONE OAK BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input checked="" type="checkbox"/>
NAME	MCLEOD, MICHAEL	
STREET ADDRESS	6702 LONE OAK BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/>
NAME	MCDADE, JOSEPH	
STREET ADDRESS	100 VINYARDS BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/>
NAME	SCHULTE, DICK	
STREET ADDRESS	100 VINYARDS BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	SECRETARY/D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Michael D'ALESSANDRO		
2.3 STREET ADDRESS	25256 Pelican Creek Circle #101		
2.4 CITY-ST-ZIP	Bonita Springs, FL 34134		
3.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	MIKE OSHAN		
3.3 STREET ADDRESS	25200 Pelican Creek Circle		
3.4 CITY-ST-ZIP	Bonita Springs, FL 34134 #101		
4.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS	25203 Pelican Creek Circle #V102		
4.4 CITY-ST-ZIP	Bonita Springs, FL 34134		
5.1 TITLE	TREASURER/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS	25268 Pelican Creek Circle		
5.4 CITY-ST-ZIP	Bonita Springs, FL 34134 #101		
6.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Marilyn DeCari		
6.3 STREET ADDRESS	25205 Pelican Creek Circle #1201		
6.4 CITY-ST-ZIP	Bonita Springs, FL 34134		

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joseph McDade* 4-11-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)