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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000424

1. Corporation Name
CREEKSIDE CROSSING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O P M P OF SOUTHWEST FLORIDA INC 100 VUNEYARDS BLVD NAPLES FL 34119 US	Mailing Address C/O P M P OF SOUTHWEST FLORIDA INC 100 VINEYARDS BLVD NAPLES FL 34119 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/19/1994
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0469763
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

COOMER, KIMBERLY
C/O PMP OF SOUTHWEST FLORIDA INC
100 VINEYARDS BLVD
NAPLES FL 34119

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	D'ALESSANDRO, MICHAEL	
STREET ADDRESS	25256 PELICAN CREEK CIRCLE #101	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCDADE, JOSEPH	
STREET ADDRESS	100 VINEYARDS BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHULTE, DICK	
STREET ADDRESS	100 VINEYARDS BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	25203 PELICAN Creek Circle #102
2.3 STREET ADDRESS	Bonita Springs, FL 34134
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	25208 Pelican Creek Cir #101
3.3 STREET ADDRESS	Bonita Springs, FL 34134
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William Hughes
4.3 STREET ADDRESS	25208 Pelican Creek Cir #103
4.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Helga Puccinelli, D
5.3 STREET ADDRESS	25208 Pelican Creek Cir # 203
5.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134
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 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, with all other like empowered.

SIGNATURE: SIGNATURE PROCURED DATE: 3-24-99 DAYTIME PHONE #: (941) 498-2165

CR2E037 (11/98)