

FILED
May 16, 2000 8:00 am
Secretary of State

04-18-2000 90233 041 ****61.25

DOCUMENT # N94000000424
 1. Entity Name
CREEKSIDE CROSSING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O P M P OF SOUTHWEST FLORIDA INC **C/O P M P OF SOUTHWEST FLORIDA INC**
100 VINEYARDS BLVD **100 VINEYARDS BLVD**
NAPLES FL 34119 **NAPLES FL 34119-4722**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0469763 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COOMER, KIMBERLY
C/O PMP OF SOUTHWEST FLORIDA INC
100 VINEYARDS BLVD
NAPLES FL 34119

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDADE, JOSEPH	
STREET ADDRESS	25203 PELICAN CREEK CIR #102	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHULTE, DICK	
STREET ADDRESS	25268 PELICAN CREEK CIR #101	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUGHES, WILLIAM	
STREET ADDRESS	25208 PELICAN CREEK CIR #103	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUCCINELLI, HELGA	
STREET ADDRESS	25208 PELICAN CREEK CIR, #203	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN LOEPER	
STREET ADDRESS	25209 Pelican Creek Circle #103	
CITY-ST-ZIP	Bonita Springs, FL 34134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *[Signature]* Date: 4/14/00 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)