2001 UNIFORM BUSINESS REPORT (UBR) Feb 09, 2001 8:00 am DOCUMENT # N9400000424 **Secretary of State** 1. Entity Name 02-09-2001 90233 017 ****61.25 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 DUNTOROT 100 VINEYARDS BLVD 100 VUNEYARDS BLVD NAPLES FL 34119 NAPLES FL 34119 2, Principal Place of Business 3. Mailing Address C/O PEGASUS HOPERTY MGMT CO PEGASUS PROPERTY MONT Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 7595 S. TAMIAMI TRAIL, STE 200-2 17595 S. TAMIAMITRAIL, STE 200-2 City & State City & State Applied For 4. FEI Number 65-0469763 T. MYERS, F<u>[Myers, Fl</u> Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33908 33908 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EATON, THOMAS E. Street Address (P.O. Box Number is Not Acceptable) OF HEGASUS PROPERTY MANAGEMENT COOMER, KIMBERLY C/O PMP OF SOUTHWEST FLORIDA INC S. TAMIAMI TRAIL, STE 200-2 100 VINEYARDS BLVD NAPLES FL 34119 FORT MUERS 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. <u>ہ</u>۔ ہا۔ کھ SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE . 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VD. TIT! F Delete TITI F ☐ Change ☐ Addition MCDADE, JOSEPH NAME NAME 25203 PELICAN CREEK CIR #102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** TD SCHULTE, RICHARD OF IT ON CRE XI Change TITLE □ Delete TITLE ☐ Addition SCHULTE, DICK NAME NAME 25268 PELICAN CREEK CIRCLE, #101 25268 PELICAN CREEK CIR #101 STREET ADDRESS STREET ADDRESS BONITA SPRINGS, FL 34134 CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITI F HUGHES, WILLIAM NAME NAME 25208 PELICAN CREEK CIR #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP TITLE ☐ Delete ☐ Addition PUCCINELLI, HELGA NAME NAME STREET ADDRESS 25208 PELICAN CREEK CIR. #203 STREET ADDRESS CITY-ST-718 **BONITA SPRINGS FL 34134** CITY-ST-7IP ☐ Delete TITLE TITLE LOEPER, JOHN LOERER, JOHN NAME NAME 25204 PELICANCREEK CIRCLE, # 103 25204 PEACAN CREEK CIR STREET ADDRESS STREET ADDRESS BONTA SPRINGS, FL 34134 CITY-ST-7IP **BONITA SPRINGS FL 34134** CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CR2E037 (10/00)

SIGNATURE:

of the corporation or the recei changed, or on an attachmen

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 received of 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