

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90351 029 \*\*\*\*61.25

DOCUMENT # N94000000424



1. Entity Name  
CREEKSIDE CROSSING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business  
C/O PEGASUS PROPERTY MANAGEMENT  
17595 SOUTH TAMiami TRAIL, #100  
FORT MYERS, FL 33908 US

Mailing Address  
C/O PEGASUS PROPERTY MANAGEMENT  
17595 SOUTH TAMiami TRAIL, #100  
FORT MYERS, FL 33908 US



2. Principal Place of Business

3. Mailing Address

03082006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0469763

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEGASUS PROPERTY MANAGEMENT  
17595 SOUTH TAMiami TRAIL, #100  
FORT MYERS, FL 33908

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D  Delete  
NAME NEYER, DON  
STREET ADDRESS 25276 PELICAN CREEK CIR  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE S/D  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  Delete  
NAME HUGHES, WILLIAM  
STREET ADDRESS 25208 PELICAN CREEK CIR #103  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME ZURIS, PETER  
STREET ADDRESS 252203PELICAN CREEK CIR, #101  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  Delete  
NAME LAVELLE, RICHARD C  
STREET ADDRESS 25276 PELICAN CREEK CIR 202  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE VP  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME SMITH, TED  
STREET ADDRESS 25240 PELICAN CREEK CIR 103  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME CHEEK, BERNICE  
STREET ADDRESS 25203 PELICAN CREEK CIRCLE, 201  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE T/D  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

Date

Daytime Phone #

239.949.6494