


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90089 028 \*\*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04092007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0469763**

Applied For  
 Not Applicable

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			
<b>PEGASUS PROPERTY MANAGEMENT                      17595 SOUTH TAMiami TRAIL, #100                      FORT MYERS, FL 33908</b>				Name Street Address (P.O. Box Number is Not Acceptable) City			
				<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

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	SD	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEYER, DON			NAME			
STREET ADDRESS	25276 PELICAN CREEK CIR			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUGHES, WILLIAM			NAME	CURRY, THOMAS		
STREET ADDRESS	25208 PELICAN CREEK CIR #103			STREET ADDRESS	25244-101 PELICAN CREEK CIR		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP	BONITA SPRINGS, FL 34134		
TITLE	D	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZURIS, PETER			NAME			
STREET ADDRESS	252203PELICAN CREEK CIR, #101			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAVELLE, RICHARD C			NAME	BURTON, ROY		
STREET ADDRESS	25276 PELICAN CREEK CIR 202			STREET ADDRESS	25224-101 PELICAN CREEK CIR		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP	BONITA SPRINGS, FL 34134		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SMITH, TED			NAME	HARPIN, KENNETH		
STREET ADDRESS	25240 PELICAN CREEK CIR 103			STREET ADDRESS	25272-101 PELICAN CREEK CIR.		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			CITY-ST-ZIP	BONITA SPRINGS, FL 34134		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHEEK, BERNICE			NAME			
STREET ADDRESS	25203 PELICAN CREEK CIRCLE, 201			STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34134			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:** *Bernice Cheek* **Bernice Cheek** **4-14-07** **239.949.6494**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #