N94000000424

(Requestor's Name)
(Address)
(Address)
(Walless,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, , ,
(Document Number)
(Doodment (Admiss)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100015432881

04/10/03--01044--013 **35.00

03 APR 10 PM 4: 19

25 4/18/03 21/18/03

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Creekside Crossing Condominium Association (Name of corporation)
DOCUMENT NUMBER: N9400000424
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Thomas Pepitone (Name of person)
Pepitone Realty Ngut Sucs Corp (Name of firm/company)
13451 McGregor Blud, Suite 32
Fort Myets, FL. 33919 (City/state and zip code)
For further information concerning this matter, please call:
Tom Pentove at (339) 374-9101 (Name of person) at (339) 374-9101 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Taliahassee, FL 32314

Amendment Section

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
this statement of	of change is submitted for a corporation organized under the laws of the State of	
Florida	in order to change its registered office or registered agent, or both, in the State	
of Florida. 1. The name of (the corporation: Creekside Crossing Condominium Associa	tron, Dr
2. The principal	Fort Muers: FL 33919 3	
3. The mailing a	address (if different): 53ML	
4. Date of incorp	rporation/qualification: 1/19/1994 Document number: N940800007124	: -
	and street address of the current registered agent and registered office on file with the current of State:	
	Thomas E Eaton C/O Pegasus Prop. Mgnot.	
	17595 S. Tamiami Trail #200-2	
	Ft Myers, FL 33908	
6. The name an	nd street address of the new registered agent (if changed) and /or registered office (if	
changed):	Thomas Pepitone % Pepitone Realty M	lgmt. S
-	13451 Mc Great Blud, Suite 32 (P.O. Box or personal dealbox NOT acceptable)	J
_	Fort Myers, FL, 33919	
The street addre	ress of its registered office and the street address of the business office of its registered ged will be identical.	
Such change wa authorized by th	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
	r, chairman or vice chairman of the board) (Printed or typed name and fifle)	
	t the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as nt. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change.	
If signing on behalf		
Thomas	Pepitone as monager	
T)	(Typed or Printed Name) (Capacity)	

* * * FILING FEE: \$35.00 * * *