

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -6 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9400000424

1. Entity Name
CREEKSIDE CROSSING CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
13451 MCGREGOR BLVD #32
FORT MYERS, FL 33919 US

Mailing Address
13451 MCGREGOR BLVD #32
FORT MYERS, FL 33919 US

2. Principal Place of Business
1342 464 LANE SE
Suite, Apt. #, etc.

3. Mailing Address
BOX 100831
Suite, Apt. #, etc.

City & State
CAPE CORAL FL

City & State
CAPE CORAL FL

4. FEI Number
65-0468763

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

6. Name and Address of Current Registered Agent
PEPITONE, THOMAS E
C/O PEPITONE REALTY MGMT SERVICES
13451 MCGREGOR BLVD, SUITE 32
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent
Name: PHILIP CAMPBELL
Street Address (P.O. Box Number is Not Acceptable)
1342 464 LANE SE
City: CAPE CORAL FL Zip Code: 33910

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: *Philip Campbell*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's Signature Required when retaining)

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

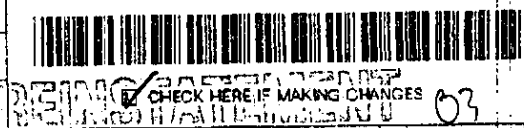
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCDADE, JOSEPH 25203 PELICAN CREEK CIR #102 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900023045839 09/15/03--01018--009 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHULTE, RICHARD 26268 PELICAN CREEK CIR #101 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D DON NEYER 25276 PELICAN CREEK CIRCLE BONITA SPRINGS FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, WILLIAM 25208 PELICAN CREEK CIR #103 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D PETER ZURIS 252203 PELICAN CREEK CIRCLE 103 BONITA SPRINGS FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PUCCINELLI, MELGA 25208 PELICAN CREEK CIR #203 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D WALTER SATHUALS 25220 PELICAN CREEK CIRCLE 103 BONITA SPRINGS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOERER, JOHN 26204 PELICAN CREEK CIRCLE #103 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D TED SMITH 25240 PELICAN CREEK CIRCLE BONITA SPRINGS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVELLE, CASEY 25276 PELICAN CREEK CIR 202 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 empowerment.

SIGNATURE: *Philip Campbell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

234-549-9817
Date: 9/10/03



CREEK37 (10/02)