

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.



BEING CHECK HERE IF MAKING CHANGES
03

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

Zip
33134

Zip
33134

Country
USA

Country
USA

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: CORAL GABLES FL Zip Code: 33134

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) DATE

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	VD	TITLE	
NAME	MCDADE, JOSEPH	NAME	900023045839
STREET ADDRESS	25203 PELICAN CREEK CIR #102	STREET ADDRESS	09/15/03--01018--009 **\$1.25
CITY-STATE-ZIP	BONITA SPRINGS, FL 34134	CITY-STATE-ZIP	
TITLE	TD	TITLE	D
NAME	SCHULTE, RICHARD	NAME	POW NEYER
STREET ADDRESS	26268 PELICAN CREEK CIR #101	STREET ADDRESS	25276 PELICAN CREEK CIRCLE
CITY-STATE-ZIP	BONITA SPRINGS, FL 34134	CITY-STATE-ZIP	BONITA SPRINGS FL 34134
TITLE	PD	TITLE	D
NAME	HUGHES, WILLIAM	NAME	PETER ZURIS
STREET ADDRESS	25208 PELICAN CREEK CIR #103	STREET ADDRESS	25203 PELICAN CREEK CIRCLE 103
CITY-STATE-ZIP	BONITA SPRINGS, FL 34134	CITY-STATE-ZIP	BONITA SPRINGS FL 34134
TITLE	SD	TITLE	TD
NAME	PUCCINELLI, MELGA	NAME	WALTER SANNALS
STREET ADDRESS	25208 PELICAN CREEK CIR #203	STREET ADDRESS	25220 PELICAN CREEK CIRCLE 103
CITY-STATE-ZIP	BONITA SPRINGS, FL 34134	CITY-STATE-ZIP	BONITA SPRINGS
TITLE	D	TITLE	D
NAME	LOERER, JOHN	NAME	TED SMITH
STREET ADDRESS	26204 PELICAN CREEK CIRCLE #103	STREET ADDRESS	25240 PELICAN CREEK CIRCLE
CITY-STATE-ZIP	BONITA SPRINGS, FL 34134	CITY-STATE-ZIP	BONITA SPRINGS
TITLE	D	TITLE	
NAME	LAVELLE, CASEY	NAME	
STREET ADDRESS	25276 PELICAN CREEK CIR 202	STREET ADDRESS	
CITY-STATE-ZIP	BONITA SPRINGS, FL 34134	CITY-STATE-ZIP	

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

CREEK37 (10/02)

2/10/7