

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000004771 (0)**

1. Corporation Name  
**CREEKSIDE OAKS HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business: **219 MAN O'WAR CIRCLE CANTONMENT FL 32533**  
Mailing Address: **219 MAN O'WAR CIRCLE CANTONMENT FL 32533**

3. Date Incorporated or Qualified: **10/09/1995**  
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>SANFILIPPO, RICHARD 219 MAN O'WAR CIRCLE CANTONMENT FL 32533</b>		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	
		FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PVST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANFILIPPO, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>219 MAN O'WAR CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANFILIPPO, RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>219 MAN O'WAR CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANFILIPPO, STEVEN P</b>	3.2 NAME	
STREET ADDRESS	<b>3253 TALLSHIP LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL 32526</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANFILIPPO, TERRY</b>	4.2 NAME	
STREET ADDRESS	<b>219 MAN O'WAY CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANTONMENT FL 32533</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>100001873501</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-06/24/96--01049--007</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>***61.25</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **May 29, 1996** DAYTIME PHONE # \_\_\_\_\_

CR2E037 (12/95)