

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90047 002 ****61.25

DOCUMENT # N95000004771

1. Entity Name

CREEKSIDE OAKS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 37575
 PENSACOLA FL 32526

PO BOX 37575
 PENSACOLA FL 32526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, ROBERT T JR.
 2361 CADDY SHACK LN
 PENSACOLA FL 33526

Name **Robert J. Lee Sr**

Street Address (P.O. Box Number is Not Acceptable)

2361 Caddy Shack Ln

City **Pensacola**

FL

Zip Code **32526**

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.

SIGNATURE **Robert J. Lee Sr.**

Robert J. Lee Sr.

4/24/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **LEE, ROBERT J SR.**
 STREET ADDRESS **2361 CADDY SHACK LANE**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **PD** Change Addition
 NAME **JONES, HARVEY**
 STREET ADDRESS **2309 Caddy Shack Ln**
 CITY-ST-ZIP **Pensacola FL 32526**

TITLE **T/D** Delete
 NAME **REPINSKI, LEE A**
 STREET ADDRESS **2028 PIN HIGH DR**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **TD** Change Addition
 NAME **Lee Sr, Robert J**
 STREET ADDRESS **2361 Caddy Shack Ln**
 CITY-ST-ZIP **Pensacola FL 32526**

TITLE **SD** Delete
 NAME **RIVAS, IVAN**
 STREET ADDRESS **2237 VALLEY ESCONDIDO**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **TAYLOR, LINDA**
 STREET ADDRESS **2025 PIN HIGH DR**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V/D** Delete
 NAME **JONES, HARVEY**
 STREET ADDRESS **2309 CADDY SHACK LANE**
 CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **VD** Change Addition
 NAME **DUFURRENA, DAVID**
 STREET ADDRESS **2068 PIN High DR**
 CITY-ST-ZIP **Pensacola FL 32526**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

Robert J. Lee Sr.

4/24/02

850/941-4182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)