


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90337 044 ****61.25

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1. Entity Name
 CREEKSIDE OAKS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 PO BOX 37575
 PENSACOLA, FL 32526

Mailing Address
 3298 SUMMIT BLVD
 SUITE 4
 PENSACOLA, FL 32503



2. Principal Place of Business - No P.O. Box #
 1719 North Ave

3. Mailing Address
 PO BOX 37575

Suite, Apt. #, etc.

04222008 Chg-NP CR2E037 (12/06)

City & State
 Pensacola FL

City & State
 Pensacola FL

Zip
 32503

Country
 US

Zip
 32526

Country
 US

4. FEI Number 63-0635103
 NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

REALTY MASTER OF FL
 1719 NORTH 9TH AVE
 PENSACOLA, FL 32503

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 Paul Keen Pamela A Keen 4/23/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

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	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME MALONE, ROBERT	
STREET ADDRESS 2328 CADDY SHACK LN	
CITY-ST-ZIP PENSACOLA, FL 32526	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME MONTFORD, BUNNY SR	
STREET ADDRESS 2332 CADDY SHACK	
CITY-ST-ZIP PENSACOLA, FL 32526	
TITLE DP	<input checked="" type="checkbox"/> Delete
NAME WILLIAMS, ISAAC	
STREET ADDRESS 2380 CADDY SHACK LANE	
CITY-ST-ZIP PENSACOLA, FL 32526	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Frank Rojas	
STREET ADDRESS 2256 Valle Escondido	
CITY-ST-ZIP Pensacola, FL 32526	
TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Ferry Goodwin	
STREET ADDRESS 2012 Pin High Dr	
CITY-ST-ZIP Pensacola, FL 32526	
TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Phyllis Schweich	
STREET ADDRESS 2048 Pin High Dr	
CITY-ST-ZIP Pensacola, FL 32526	
TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Edwina Humphrey	
STREET ADDRESS 2052 Pin High Dr	
CITY-ST-ZIP Pensacola, FL 32526	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: FRANK ROJAS 05 APR 08 (850) 292-7912

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #