

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90744 049 \*\*\*\*61.25

DOCUMENT # **N95000004771**



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

Principal Place of Business  
**PO BOX 37575  
PENSACOLA FL 32526**

Mailing Address  
**PO BOX 37575  
PENSACOLA FL 32526**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

*Robert J. Lee Jr.*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>PD JONES, HARVEY</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>2309 CADDY SHACK LN PENSACOLA FL 32526</b>	
TITLE NAME	<b>T/D LEESE, ROBERT J</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>2361 CADDYSHACK LN PENSACOLA FL 32526</b>	
TITLE NAME	<b>SD RIVAS, IVAN</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>2237 VALLEY ESCONDIDO PENSACOLA FL 32526</b>	
TITLE NAME	<b>V/D DUFURRENA, DAVID</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>2068 PIN HIGH DR PENSACOLA FL 32526</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	<b>ROBERT LEE (PRESIDENT)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>2361 CADDY SHACK LANE PENSACOLA, FL 32526</b>	
TITLE NAME	<b>APRIL L. MELVIN (TREASURER)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	<b>2341 CADDY SHACK LANE PENSACOLA, FL 32526</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Jr.* **REQUIRE**

4/3/03

CP2E037 (10/02)