


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

1997 OCT -1 PM 12: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McAnam Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/09/1995	3a. Date of Last Report 06/24/1996
4. FEI Number APPLIED FOR NO employees	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 2201 Valle Escondido	Suite, Apt. #, etc. 27 2201 Valle Escondido
City & State 23 Pensacola FL	City & State 28 Pensacola, FL
Zip 24 32526	Country 25 US
Zip 29 32526	Country 30 US

9. Name and Address of Current Registered Agent SANFILIPPO, RICHARD 219 MAN O'WAR CIRCLE CANTONMENT FL 32533	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFILIPPO, RICHARD	1.2 NAME	100002311411--8
STREET ADDRESS	219 MAN O'WAR CIRCLE	1.3 STREET ADDRESS	-10/03/97--01081--015
CITY-ST-ZIP	CANTONMENT FL 32533	1.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFILIPPO, RICHARD	2.2 NAME	
STREET ADDRESS	219 MAN O'WAR CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFILIPPO, STEVEN P	3.2 NAME	
STREET ADDRESS	3253 TALLSHIP LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFILIPPO, TERRY	4.2 NAME	
STREET ADDRESS	219 MAN O'WAY CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fuller, Sharon	5.2 NAME	
STREET ADDRESS	6060 Villeneuve Lane	5.3 STREET ADDRESS	
CITY-ST-ZIP	Pensacola, FL 32526-1002	5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED** 7/31/97 944-9127

CR2037 (4/97)