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Secretary of State

04-27-1999 90055 026 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000004771
 1. Corporation Name
 CREEKSIDE OAKS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business: 2201 VALLE ESCONDIDO PENSACOLA FL 32526
 Mailing Address: 2201 VALLE ESCONDIDO PENSACOLA FL 32526



2. Principal Place of Business: 2025 Pin High Drive
 2a. Mailing Address: 2025 Pin High Drive
 23. City & State: Pensacola, FL 32526
 24. Zip: 32526 25. Country: USA
 28. City & State: Pensacola, FL
 29. Zip: 32526 30. Country: USA

3. Date Incorporated or Qualified: 10/09/1995
 4. FEI Number: NOT APPLICABLE
 5. Certificate of Status Desired:
 6. Election Campaign Financing Trust Fund Contribution:

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: Robert J. Lee SR.
 82 Street Address (P.O. Box Number is Not Acceptable):
 83 2361 CADDY SHACK LANE
 84 City: PENSACOLA FL 85 Zip Code: 32526

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, in 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. *Robert J. Lee Sr.*
 SIGNATURE: *Robert J. Lee Sr.* DATE: 4/20/99

12. OFFICERS AND DIRECTORS

TITLE	PVST	<input checked="" type="checkbox"/> DELETE
NAME	SANFILIPPO, RICHARD	
STREET ADDRESS	219 MAN O'WAR CIRCLE	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANFILIPPO, RICHARD	
STREET ADDRESS	219 MAN O'WAR CIRCLE	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FULLER, SHARON	
STREET ADDRESS	6060 VILLENEUVE LANE	
CITY-ST-ZIP	PENSACOLA FL 32526-1002	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANFILIPPO, TERRY	
STREET ADDRESS	219 MAN O'WAY CIRCLE	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT J. LEE SR.		
1.3 STREET ADDRESS	2361 CADDY SHACK LANE		
1.4 CITY-ST-ZIP	PENSACOLA, FL 32526		
2.1 TITLE	D	Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	LEE A. REPINSKI		
2.3 STREET ADDRESS	2028 PIN HIGH DRIVE		
2.4 CITY-ST-ZIP	PENSACOLA FL 32526		
3.1 TITLE	D	Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	IVAN RIVAS		
3.3 STREET ADDRESS	2237 VALLE ESCONDIDO		
3.4 CITY-ST-ZIP	PENSACOLA FL 32526		
4.1 TITLE	D	Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	LINDA TAYLOR		
4.3 STREET ADDRESS	2025 PIN HIGH DRIVE		
4.4 CITY-ST-ZIP	PENSACOLA, FL 32526		
5.1 TITLE		Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert J. Lee Sr.* DATE: 4/20/99 (350)944-4182

CR2E037 (1/98)