


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90384 004 ****61.25

DOCUMENT # N95000004771	
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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04192006 Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
EHERIDGE, RAY O ETERIDGE PROPERTY MANAGEMENT 3298 SUMMIT BLVD., STE 4 PENSACOLA, FL 32503			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 _____
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, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELVIN, APRIL L		NAME	Dufurrena, David	
STREET ADDRESS	2341 CADDY SHACK LANE		STREET ADDRESS	2009 Pin High	
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVAS, IVAN		NAME	MONTFORD, BUNNY SUE	
STREET ADDRESS	2237 VALLEY ESCONDIDO		STREET ADDRESS	2332 Caddy Shack	
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINN, BOB		NAME	WILLIAMS, ISAAC	
STREET ADDRESS	2205 VALLE ESCONDIDO		STREET ADDRESS	2380 Caddy Shack Lane	
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Malone, Bob	
STREET ADDRESS			STREET ADDRESS	2328 Caddy Shack Lane	
CITY-ST-ZIP			CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/29/06 Daytime Phone #: 850 434 3585