

**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 | | 4. FEI Number NOT APPLICABLE | | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| Zip | Country | Zip | Country | | | |

6. Name and Address of Current Registered Agent

LEE, ROBERT T JR.
2361 CADDY SHACK LN
PENSACOLA FL 33526

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 *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

| | | |
|----------------|------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | JONES, HARVEY | |
| STREET ADDRESS | 2309 CADDY SHACK LN | |
| CITY-ST-ZIP | PENSACOLA FL 32526 | |
| TITLE | T/D | <input checked="" type="checkbox"/> Delete |
| NAME | LEESE, ROBERT J | |
| STREET ADDRESS | 2361 CADDYSHACK LN | |
| CITY-ST-ZIP | PENSACOLA FL 32526 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | RIVAS, IVAN | |
| STREET ADDRESS | 2237 VALLEY ESCONDIDO | |
| CITY-ST-ZIP | PENSACOLA FL 32526 | |
| TITLE | V/D | <input type="checkbox"/> Delete |
| NAME | DUFURRENA, DAVID | |
| STREET ADDRESS | 2068 PIN HIGH DR | |
| 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 | ROBERT LEE (PRESIDENT) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 2361 CADDY SHACK LANE | |
| STREET ADDRESS | PENSACOLA, FL 32526 | |
| CITY-ST-ZIP | PENSACOLA, FL 32526 | |
| TITLE | APRIL L. MELVIN (TREASURER) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 2341 CADDY SHACK LANE | |
| STREET ADDRESS | PENSACOLA, FL 32526 | |
| 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 | | |
| 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 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)