

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007773

FILED
Mar 25, 2024
Secretary of State
9761176146CC

Entity Name: CREEKSIDE OAKS AT MANATEE HOMEOWNERS' ASSOCIATION INC.

Current Principal Place of Business:

C/O GULF COAST COMMUNITY MANAGEMENT
2201 CANTU CT SUITE 106
SARASOTA, FL 34232

Current Mailing Address:

C/O GULF COAST COMMUNITY MANAGEMENT
2201 CANTU CT SUITE 106
SARASOTA, FL 34232 US

FEI Number: 41-2126753

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GULF COAST COMMUNITY MANAGEMENT, LLC
2201 CANTU CT
SUITE 106
SARASOTA, FL 34232 US

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.

SIGNATURE: WILLIAM ASHBY

03/25/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name JAGOW, KELLY
Address C/O GULF COAST COMMUNITY
 MANAGEMENT
 2201 CANTU CT SUITE 106
City-State-Zip: SARASOTA FL 34232

Title VP
Name WOODWARD, RANDAL PAUL
Address C/O GULF COAST COMMUNITY
 MANAGEMENT
 2201 CANTU CT SUITE 106
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR
Name ROBERT, LIVINGSTON
Address C/O GULF COAST COMMUNITY
 MANAGEMENT
 2201 CANTU CT SUITE 106
City-State-Zip: SARASOTA FL 34232

Title SECRETARY
Name SUTTON, TIMOTHY
Address C/O GULF COAST COMMUNITY
 MANAGEMENT
 2201 CANTU CT SUITE 106
City-State-Zip: SARASOTA FL 34232

Title TREASURER
Name BRUCE, ROYAL CALVIN
Address C/O GULF COAST COMMUNITY
 MANAGEMENT
 2201 CANTU CT SUITE 106
City-State-Zip: SARASOTA FL 34232

Title ASST. SECRETARY
Name ASHBY, WILLIAM
Address C/O GULF COAST COMMUNITY
 MANAGEMENT
 2201 CANTU CT SUITE 106
City-State-Zip: SARASOTA FL 34232

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM ASHBY

ASST SECRETARY

03/25/2024

Electronic Signature of Signing Officer/Director Detail

Date