2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007773

Entity Name: CREEKSIDE OAKS AT MANATEE HOMEOWNERS'

ASSOCIATION INC.

Current Principal Place of Business:

C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104 ST. PETERSBURG, FL 33702

Current Mailing Address:

C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104 ST. PETERSBURG, FL 33702 US

FEI Number: 41-2126753 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST, INC. C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104 ST. PETERSBURG, FL 33702 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: ANNETTE BYRD 04/24/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VF

Name JAGOW, KELLY Name WOODWARD, RANDAL PAUL

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET N SUITE 104 9887 4TH STREET N SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER Title SECRETARY

Name BORGES, LAURINDA Name SUTTON, TIMOTHY

Address C/O ASSOCIA GULF COAST Address C/O ASSOCIA GULF COAST

9887 4TH STREET N SUITE 104 9887 4TH STREET N SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702 City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR

Name BRUCE, ROYAL CALVIN

Address C/O ASSOCIA GULF COAST

9887 4TH STREET N SUITE 104

City-State-Zip: ST. PETERSBURG FL 33702

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: JAGOW, KELLY PRESIDENT 04/24/2023

FILED Apr 24, 2023

Secretary of State

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