

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005617

Entity Name: CREEKSIDE MEDICAL COMMERCIAL CONDOMINIUM
ASSOCIATION, INC.

Current Principal Place of Business:

2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105

Current Mailing Address:

2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105

FEI Number: 20-1222714

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BORDEN, DAVID K
2600 GOLDEN GATE PARKWAY
NAPLES, FL 34105 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BORDEN, DAVID K
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title V/S
Name BOAZ, BRADLEY A
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

Title V/D
Name BAIRD, DOUGLAS E
Address 2600 GOLDEN GATE PARKWAY
City-State-Zip: NAPLES FL 34105

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: BRADLEY A BOAZ

V/S

04/10/2013

Electronic Signature of Signing Officer/Director Detail

Date