

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002224

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC2577105878**

**Entity Name:** CREEKSIDE COMMUNITY ASSOCIATION, INC. OF CHARLOTTE COUNTY

**Current Principal Place of Business:**

TAYLOR ROAD  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

2496 CARING WAY, SUITE B  
PORT CHARLOTTE, FL 33952 US

**FEI Number: 83-0425080**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CAMBRIDGE PROPERTY MANAGEMENT OF SWFL  
2496 CARING WAY, SUITE B  
PORT CHARLOTTE, FL 33952 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: DAVID PAGE**

**04/27/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           GAY, MICHAEL  
Address        2496 CARING WAY, SUITE B  
City-State-Zip: PORT CHARLOTTE FL 33952

Title           VP  
Name           WILLIAMS, KRISTI  
Address        2496 CARING WAY, SUITE B  
City-State-Zip: PORT CHARLOTTE FL 33952

Title           SECRETARY, TREASURER  
Name           WADE, RYAN  
Address        2496 CARING WAY, SUITE B  
City-State-Zip: PORT CHARLOTTE FL 33952

Title           DIRECTOR  
Name           NEWBY, DALE  
Address        2496 CARING WAY, SUITE B  
City-State-Zip: PORT CHARLOTTE FL 33952

Title           DIRECTOR  
Name           CUBBAGE, JAMES  
Address        2496 CARING WAY, SUITE B  
City-State-Zip: PORT CHARLOTTE FL 33952

Title           DIRECTOR  
Name           COUTURE, DONNA  
Address        2496 CARING WAY, SUITE B  
City-State-Zip: PORT CHARLOTTE FL 33952

*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: MICHAEL GAY**

**PRESIDENT**

**04/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date