Current Fill	cipal Place of Business:			
TAYLOR ROAD	•			
PUNTA GORD	A, FL 33950			
Current Mai	ling Address:			
	•			
2496 CARING WAY, SUITE B PORT CHARLOTTE, FL 33952 US				
FEI Number: 83-0425080			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
2496 CARING	ROPERTY MANAGEMENT OF SWFL VAY, SUITE B VTTE, FL 33952 US			
The above named	l entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Flor	ida.
SIGNATURE				
	DAVID FAGE			04/21/2014
	Electronic Signature of Registered Agent			04/21/2014 Date
Officer/Dire	Electronic Signature of Registered Agent			
Officer/Dire	Electronic Signature of Registered Agent	Title	VP	
	Electronic Signature of Registered Agent	Title Name	VP BARTON, CHRIS	
Title	Electronic Signature of Registered Agent ctor Detail : PRESIDENT			
Title Name	Electronic Signature of Registered Agent ctor Detail : PRESIDENT PANEBIANCO, BILL	Name	BARTON, CHRIS 2496 CARING WAY, SUITE B	
Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT PANEBIANCO, BILL 2496 CARING WAY, SUITE B PORT CHARLOTTE FL 33952	Name Address	BARTON, CHRIS 2496 CARING WAY, SUITE B	
Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PRESIDENT PANEBIANCO, BILL 2496 CARING WAY, SUITE B	Name Address	BARTON, CHRIS 2496 CARING WAY, SUITE B	
Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PRESIDENT PANEBIANCO, BILL 2496 CARING WAY, SUITE B PORT CHARLOTTE FL 33952 SECRETARY, TREASURER	Name Address	BARTON, CHRIS 2496 CARING WAY, SUITE B	
Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent ctor Detail : PRESIDENT PANEBIANCO, BILL 2496 CARING WAY, SUITE B PORT CHARLOTTE FL 33952 SECRETARY, TREASURER GAY, MICHAEL 2496 CARING WAY, SUITE B	Name Address	BARTON, CHRIS 2496 CARING WAY, SUITE B	

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: CREEKSIDE COMMUNITY ASSOCIATION, INC. OF CHARLOTTE

DOCUMENT# N0500002224

COUNTY

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: BILL PANEBIANCO

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/21/2014 Date

FILED Apr 21, 2014

Secretary of State

CC0457934403