## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002224

Entity Name: CREEKSIDE COMMUNITY ASSOCIATION, INC. OF CHARLOTTE

COUNTY

FILED Apr 25, 2024 Secretary of State 6255798264CC

## **Current Principal Place of Business:**

TAYLOR ROAD

PUNTA GORDA, FL 33950

## **Current Mailing Address:**

C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY PUNTA GORDA, FL 33950 US

FEI Number: 83-0425080 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY PUNTA GORDA, FL 33950 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: SHERRY DANKO 04/25/2024

Electronic Signature of Registered Agent

Officer/Director Detail:

Address

Title D Title T

Name FERRANI, GIOVANNI Name SARKASIAN, ARTHUR

C/O STAR HOSPITALITY
MANAGEMENT

Address
C/O STAR HOSPITALITY
MANAGEMENT

MANAGEMENT MANAGEMENT 26530 MALLARD WAY 26530 MALLARD WAY

550 MALLARD WAT 20550 MALLARD WAT

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

Title S Title P

Name MILO, SASSO Name HOPKINS, TRISHA

Address C/O STAR HOSPITALITY Address C/O STAR HOSPITALITY

MANAGEMENT MANAGEMENT 26530 MALLARD WAY 26530 MALLARD WAY

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

Title VP

Name HARRIS, CARTER

Address C/O STAR HOSPITALITY

MANAGEMENT

26530 MALLARD WAY

City-State-Zip: PUNTA GORDA FL 33950

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: MILO SASSO S 04/25/2024

Date