

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002224

FILED
Jun 15, 2020
Secretary of State
4904970375CC

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

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
C/O 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

06/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name LAXTON, GARY
Address C/O STAR HOSPITALITY
MANAGEMENT
26530 MALLARD WAY
City-State-Zip: PUNTA GORDA FL 33950

Title T
Name MORRIS, SCOTT
Address C/O STAR HOSPITALITY
MANAGEMENT
26530 MALLARD WAY
City-State-Zip: PUNTA GORDA FL 33950

Title VP
Name TEZICH, JON
Address C/O STAR HOSPITALITY
MANAGEMENT
26530 MALLARD WAY
City-State-Zip: PUNTA GORDA FL 33950

Title S
Name HENDERSON, AMY
Address C/O STAR HOSPITALITY
MANAGEMENT
26530 MALLARD WAY
City-State-Zip: PUNTA GORDA FL 33950

Title D
Name EILERMAN, CINDY
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: GARY LAXTON

PRES

06/15/2020

Electronic Signature of Signing Officer/Director Detail

Date