

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N9400000424

**Entity Name:** CREEKSIDE CROSSING CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 13, 2021**  
**Secretary of State**  
**1578624055CC**

**Current Principal Place of Business:**

C/O PEGASUS PROPERTY MANAGEMENT  
8840 TERRENE COURT #102  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

C/O PEGASUS PROPERTY MANAGEMENT  
8840 TERRENE COURT #102  
BONITA SPRINGS, FL 34135 US

**FEI Number: 65-0469763**

**Certificate of Status Desired: No**

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

CHAPMAN, MICHAEL  
C/O PEGASUS PROPERTY MANAGEMENT  
8840 TERRENE COURT #102  
BONITA SPRINGS, FL 34135 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: MICHAEL CHAPMAN**

**04/13/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           VANDERMEER, JOHN  
Address        8840 TERRENE COURT #102  
City-State-Zip: BONITA SPRINGS FL 34135

Title           DIRECTOR  
Name           PALMER , FRED  
Address        8840 TERRENE COURT #102  
City-State-Zip: BONITA SPRINGS FL 34135

Title           PRESIDENT  
Name           SCHWEIZER, RON  
Address        8840 TERRENE COURT #102  
City-State-Zip: BONITA SPRINGS FL 34135

Title           SECRETARY  
Name           TEBBE, SHEILA  
Address        8840 TERRENE COURT #102  
City-State-Zip: BONITA SPRINGS FL 34135

Title           VICE-PRESIDENT  
Name           PFLEGER, FRED  
Address        8840 TERRENE COURT #102  
City-State-Zip: BONITA SPRINGS FL 34135

Title           DIRECTOR  
Name           PEARCE, MARY  
Address        C/O PEGASUS PROPERTY  
MANAGEMENT  
8840 TERRENE COURT #102  
City-State-Zip: BONITA SPRINGS FL 34135

Title           DIRECTOR  
Name           AMMON, MARK  
Address        C/O PEGASUS PROPERTY  
MANAGEMENT  
8840 TERRENE COURT #102  
City-State-Zip: BONITA SPRINGS FL 34135

*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: RON SCHWEIZER**

**PRESIDENT**

**04/13/2021**

Electronic Signature of Signing Officer/Director Detail

Date