

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

DOCUMENT# N94000000424

**FILED**  
**Apr 08, 2016**  
**Secretary of State**  
**CC1665604243**

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

**Current Principal Place of Business:**

C/O PEGASUS PROPERTY MANAGEMENT  
3409 PELICAN LANDING PARKWAY#3  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

C/O PEGASUS PROPERTY MANAGEMENT  
3409 PELICAN LANDING PARKWAY#3  
BONITA SPRINGS, FL 34134 US

**FEI Number: 65-0469763**

**Certificate of Status Desired: No**

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

CATLETT, SARA  
3409 PELICAN LANDING PARKWAY#3  
BONITA SPRINGS, FL 34134 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: SARA CATLETT**

**04/08/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name SHAPREN, GERALD  
Address 3409 PELICAN LANDING PARKWAY #3  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR, TREASURER  
Name VANDERMEER, JOHN  
Address 3409 PELICAN LANDING PARKWAY #3  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR, SECRETARY  
Name MOULTON, DEBORAH  
Address 3409 PELICAN LANDING PARKWAY #3  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR  
Name SCHWEIZER, RON  
Address 3409 PELICAN LANDING PARKWAY #3  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR  
Name GRAHAM, SANDY  
Address 3409 PELICAN LANDING PARKWAY #3  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR  
Name CONNORS, SUSAN  
Address 3409 PELICAN LANDING PARKWAY #3  
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR  
Name PFLEGER, FRED  
Address 3409 PELICAN LANDING PARKWAY #3  
City-State-Zip: BONITA SPRINGS FL 34134

*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: GERALD SHAPREN**

**PRESIDENT**

**04/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date