

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004771

**Entity Name:** CREEKSIDE OAKS HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 09, 2022**  
**Secretary of State**  
**4242984447CC**

**Current Principal Place of Business:**

4400 BAYOU BLVD  
STE 52A  
PENSACOLA, FL 32503

**Current Mailing Address:**

4400 BAYOU BLVD  
STE 52A  
PENSACOLA, FL 32503 US

**FEI Number: 63-0635103**

**Certificate of Status Desired: No**

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

SCHWARTZ, JAY  
4400 BAYOU BLVD  
STE 52A  
PENSACOLA, FL 32503 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: JAY SCHWARTZ**

**03/09/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           COON, KATHY  
Address        2049 PIN HIGH DRIVE  
City-State-Zip: PENSACOLA FL 32526

Title           DIRECTOR  
Name           PAPRA, JAN  
Address        2008 PIN HIGH DRIVE  
City-State-Zip: PENSACOLA FL 32526

Title           DIRECTOR  
Name           GOODWIN, TERRY  
Address        2012 PIN HIGH DRIVE  
City-State-Zip: PENSACOLA FL 32526

Title           DIRECTOR  
Name           MCCLURE, EMORY LANCE  
Address        2065 PIN HIGH DRIVE  
City-State-Zip: PENSACOLA FL 32526

Title           PRESIDENT  
Name           WOLF, JODY  
Address        2205 VALLE ESCONDIDO -  
City-State-Zip: PENSACOLA FL 32526

Title           MANAGER  
Name           SCHWARTZ, JAY  
Address        4400 BAYOU BLVD.  
                  SUITE52A  
City-State-Zip: PENSACOLA FL 32503

Title           SECRETARY  
Name           SMITH-DAWSON, SARA  
Address        2201 VALLE ESCONDIDO DRIVE  
City-State-Zip: PENSACOLA FL 32526

*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: JAY SCHWARTZ**

**MANAGER**

**03/09/2022**

Electronic Signature of Signing Officer/Director Detail

Date