

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004771

**FILED  
Jan 02, 2015  
Secretary of State  
CC5204260836**

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

**Current Principal Place of Business:**

4400 BAYOU BLVD  
STE 58B  
PENSACOLA, FL 32503

**Current Mailing Address:**

4400 BAYOU BLVD  
STE 58B  
PENSACOLA, FL 32503

**FEI Number:** 63-0635103

**Certificate of Status Desired:** No

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

REALTY MASTER OF FL  
4400 BAYOU BLVD  
STE 58B  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           VINCIGUERRA, DENNIS  
Address        2064 PIN HIGH DRIVE  
City-State-Zip: PENSACOLA FL 32526

Title           PRESIDENT  
Name           COON, KATHY  
Address        2049 PIN HIGH DR  
City-State-Zip: PENSACOLA FL 32503

Title           VP  
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

*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:** KATHY COON

**PRESIDENT**

**01/02/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date