

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

DOCUMENT# N95000004771

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

**FILED**  
**Feb 01, 2016**  
**Secretary of State**  
**CC4867007116**

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

Title           PRESIDENT  
Name           ZACKO, MICHAEL  
Address        2364 CADDY SHACK LANE  
City-State-Zip: PENSACOLA FL 32526

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

Title           SECRETARY  
Name           ANDERSON, TONIE  
Address        2248 VALLE ESCONDIDO  
City-State-Zip: PENSACOLA FL 32526

Title           DIRECTOR  
Name           WINN, ROBERT  
Address        2205 VALLE ESCONDIDO  
City-State-Zip: PENSACOLA FL 32526

Title           DIRECTOR  
Name           MCCLURE, EMORY LANCE  
Address        2065 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: MICHAEL ZACKO**

**PRESIDENT**

**02/01/2016**

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

\_\_\_\_\_  
Date