## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 01, 2006 8:00 am Secretary of State **DOCUMENT # 744240** 05-01-2006 90445 021 \*\*\*\*61.25 1. Entity Name CREEKSIDE FOREST OWNERSHIP ASSOCIATION, INC. Principal Place of Business Mailing Address 6003130g MANAGEMENT SPECIALISTS 4400 NW 36TH AVENUE GAINESVILLE FL 32606 4400 NW 36TH AVENUE **GAINESVILLE FL 32606** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 59-2343543 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TRIPPE, PAT Street Address (P.O. Box Number is Not Acceptable) 4400 NW 36 AVENUE GAINESVILLE FL 32606 City Zip Code FI 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to . Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 5 7 P OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PTD ☐ Change TITLE ☐ Delete TITLE **Addition** Englett, Fred BASINGER, KEN E NAME NAME 8400 NE 77 home 6800 NE 67 WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL 32606** CITY-ST-ZIP Gamesville, F1 32601 SD ☐ Delete TITLE ☐ Change ✓ Addition Long Fellow, Keith 6795 NE 67 Wa SIMMONS, ELIZABETH NAME NAME 8431 NE 78TH LANE STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32609 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE WALDEN, R.A. NAME NAME STREET ADDRESS 7010 NE 69TH WAY STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32606 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

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