

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

06-12-2008 90002 013 ****61.25

DOCUMENT # 744240

1. Entity Name
CREEKSIDE FOREST OWNERSHIP ASSOCIATION, INC.



Principal Place of Business
**4400 NW 36TH AVENUE
GAINESVILLE, FL 32606 US**

Mailing Address
**MANAGEMENT SPECIALISTS
4400 NW 36TH AVENUE
GAINESVILLE, FL 32606 US**

60044438



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082008

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-2343543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIPPE, PAT
4400 NW 36 AVENUE
GAINESVILLE, FL 32606**

Name
Cornerstone Property Solutions of FL, Inc FL
Street Address (P.O. Box Number is Not Acceptable)
50 NW 43rd St Ste - 3

City **Gainesville** FL Zip Code **32607**

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

[Signature]

Eugene Hawtler

5-1-08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
BASINGER, KEN E
6800 NE 67 WAY
GAINESVILLE, FL 32606** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SIMMONS, ELIZABETH
8431 NE 78TH LANE
GAINESVILLE, FL 32609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
EUGLETT, FRED
8400 NE 77 LANE
GAINESVILLE, FL 32601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LONGFELLOW, KEITH
67 15 NE 67 WAY
GAINESVILLE, FL 32601** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Ken E Basinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-08

Date

Daytime Phone #