


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90026 027 ****61.25

DOCUMENT # 756608 1. Entity Name CREEKSIDE VILLAS, INC.					
Principal Place of Business 1515 NW 29TH RD GAINESVILLE, FL 32605			Mailing Address 2622 NW 43 ST A3 GAINESVILLE, FL 32606		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2122957	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, HAWES N 2622 NW 43 ST A3 GAINESVILLE, FL 32606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD PAYNE, REBECCA <input checked="" type="checkbox"/> Delete 1515 NE 29TH RD C-4 GAINESVILLE, FL 32605				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VILLENEUVE, STEPHEN C <input type="checkbox"/> Delete 1515 N 29TH RD E-2 GAINESVILLE, FL 32605				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAUSE, TAMEIKA <input type="checkbox"/> Delete 1515 NW 29TH RD A-7 GAINESVILLE, FL 32605				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHICK, ROBIN <input type="checkbox"/> Delete 1515 NW 29TH RD A1 GAINESVILLE, FL 32605				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, ANNE <input type="checkbox"/> Delete P.O. BOX 12402 GAINESVILLE, FL 32604				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
PD LOLA BRADY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1515 NW 29TH RD D-2 GAINESVILLE, FL 32605					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>Lola B. Brady - President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				01/29/08 352 377 0512 Date Daytime Phone #	