## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#756608** 

Entity Name: CREEKSIDE VILLAS, INC.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

1515 NW 29TH RD 2106 NW 13TH STREET GAINESVILLE, FL 32605 GAINESVILLE, FL 32609

Current Mailing Address: New Mailing Address:

2622 NW 43 ST 2106 NW 13TH STREET A3 GAINESVILLE, FL 32609

GAINESVILLE, FL 32606

FEI Number: 59-2122957 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ADAMS, HAWES N
2622 NW 43 ST
2306 NW 13TH STREET
A3
2621 GAINESVILLE, FL 32609 US

GAINESVILLE, FL 32606 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: RICHARD ROGERS 04/24/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 D (X) Change () Addition

 Name:
 BRADY, LOLA
 Name:
 BRADY, LOLA

 Address:
 1515 NW 29TH RD D-8
 Address:
 1515 NW 29TH RD D-8

 Address:
 1515 NW 29TH RD D-8
 Address:
 1515 NW 29TH RD D-8

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:
 GAINESVILLE, FL 32605

Title: TD ( ) Delete Title: PD (X) Change ( ) Addition Name: VILLENEUVE, STEPHEN C Name: SUMMERS, HOWARD T

Address: 1515 N 29TH RD E-2 Address: 1515 N 29TH RD A-5
City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete Title: VPD (X) Change () Addition

 Name:
 GAUSE, TAMEIKA
 Name:
 MEDER, MARTIN

 Address:
 1515 NW 29TH RD A-7
 Address:
 1515 NW 29TH RD A-3

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:
 GAINESVILLE, FL 32605

Title: Title: STD (X) Change ( ) Addition ( ) Delete Name: CHICK, ROBIN Name: PHATARALAOHA, QNCHALEE Address: 1515 NW 29TH RD A1 Address: 7575 NW 47TH WAY City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CAMPBELL, ANNE
 Name:

 Address:
 P.O. BOX 12402
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32604
 City-St-Zip:

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 MARTIN, LEE

 Address:
 Address:
 1515 NW 29TH RD B-3

 City-St-Zip:
 City-St-Zip:
 GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANCHALEE PHATARALOAHA STD 04/24/2009