

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756608

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** CREEKSIDE VILLAS, INC.

**Current Principal Place of Business:**

2106 NW 13TH STREET  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

2106 NW 13TH STREET  
GAINESVILLE, FL 32609

**New Mailing Address:**

**FEI Number:** 59-2122957

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROGERS, RICHARD  
2106 NW 13TH STREET  
GAINESVILLE, FL 32609 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BRADY, LOLA  
Address: 1515 NW 29TH RD D-8  
City-St-Zip: GAINESVILLE, FL 32605

Title: PD  
Name: SUMMERS, HOWARD T  
Address: 1515 N 29TH RD A-5  
City-St-Zip: GAINESVILLE, FL 32605

Title: VPD  
Name: MEDER, MARTIN  
Address: 1515 NW 29TH RD A-3  
City-St-Zip: GAINESVILLE, FL 32605

Title: STD  
Name: PHATARALAOHA, QNCHALEE  
Address: 7575 NW 47TH WAY  
City-St-Zip: GAINESVILLE, FL 32653

Title: D  
Name: CAMPBELL, ANNE  
Address: P.O. BOX 12402  
City-St-Zip: GAINESVILLE, FL 32604

Title: D  
Name: MARTIN, LEE  
Address: 1515 NW 29TH RD B-3  
City-St-Zip: GAINESVILLE, FL 32605

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: HOWARD SUMMERS

PD

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date