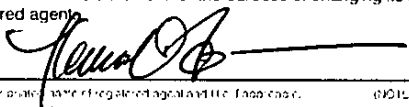
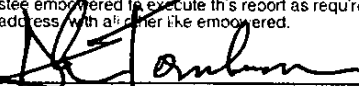


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90067 006 ****61.25

DOCUMENT # N01000002589					
1. Entity Name CREEKSIDE OF DEAN ROAD HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1750 W. BROADWAY ST. 118 OVIDO, FL 32765			Mailing Address 1750 W. BROADWAY ST. 118 OVIDO, FL 32765		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 14-1839115	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, MARC 1750 W. BROADWAY ST. #118 OVIDO, FL 32765			7. Name and Address of New Registered Agent Name KEVIN DAVIS Street Address (P.O. Box Number is Not Acceptable) 1750 W. BROADWAY ST. #118 City OVIDO FL 32765		
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  1/28/05					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD TOMLINSON, DAVID 10132 CODY LANE ORLANDO, FL 32825	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LAUREANO, JOSE 10127 Cody Lane Orlando, FL 32825	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HARMON, CRYSTAL 10219 CODY LANE ORLANDO, FL 32825	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a similar like empowered.					
SIGNATURE:  1/28/05 407 333-081					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					