


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90057 044 ****61.25

DOCUMENT # N01785 1. Entity Name CREEKSIDE VILLAS HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 770622 ORLANDO, FL 32877-0622			Mailing Address P.O. BOX 770622 ORLANDO, FL 32877-0622		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2599487	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03062005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent MIRANDA, CHRISTINA 2902 WOOLRIDGE DRIVE ORLANDO, FL 32837			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUGAN, MARY ELLEN 149 CREEDSIDE WAT ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Renee Alexander 207 Creekside way Orlando FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUCIE, CHAD 109.CREEKSIDE.WAY ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Michael Wiggs 12128 Sand Pebble way Orlando FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LECKRONE, FRAN 12131 SAND PEBBLE WAY ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Eliza Alcea 211 Creekside way Orlando FL 32824 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad	

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tamara L. Alexander*