

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90397 008 ****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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2599487	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 LYDIA GUADALUPE Street Address (P.O. Box Number is Not Acceptable) 1422 WOOD VIOLET DRIVE City ORLANDO FL Zip Code 32824	
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 Lydia Guadalupe 4/24/07 <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, 2007		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 DUGAN, MARY ELLEN <input checked="" type="checkbox"/> Delete 149 CREEKSIDE WAY ORLANDO, FL 32824				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NOBLIN, EMILY <input type="checkbox"/> Delete 259 CREEKSIDE WAY ORLANDO, FL 32824				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAURA, SWARTHOUT <input checked="" type="checkbox"/> Delete 12139 SAND PEBBLE WAY ORLANDO, FL 32824				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LYDIA GUADALUPE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD 1422 WOOD VIOLET DR. ORLANDO, FL 32824				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LECKRONE, FRANCES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12131 SAND PEBBLE WAY ORLANDO, FL 32824				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: President 4/24/07 407-247-0047 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					