



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90012 017 ****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		02252008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2599487		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent: GUADALUPE, LYDIA 1422 WOOD VIOLET DR ORLANDO, FL 32824		7. Name and Address of New Registered Agent Name RANDALL LEE SACKS Street Address (P.O. Box Number is Not Acceptable) 14613 EAGLES CROSSING DRIVE City ORLANDO FL Zip Code 32837			
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 RANDALL LEE SACKS <i>Randall Lee Sacks</i> 2/25/08 <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, 2008		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 GUADALUPE, LYDIA 1422 WOOD VIOLET DR ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. FRANCES LECKRONE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12131 SAND PEBBLE WAY ORLANDO, FL. 32824		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NOBLIN, EMILY 259 CREEKSIDE WAY ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVID EHRENREICH <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 189 CREEKSIDE WAY ORLANDO, FL. 32824		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FRANCES, LECKRONE 12131 SAND PEBBLE WAY ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JUNE WELLS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12146 SANDAL CREEK 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"/> Change <input type="checkbox"/> Addition		
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"/> Addition		
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"/> 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: <i>Frances J. Leckrone, President</i> 2/25/08 407-256-3777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					