

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90206 024 \*\*\*\*61.25

**DOCUMENT # N03000002612**

**1. Entity Name**  
**CREEKSIDE OF SAFETY HARBOR LOT OWNERS**  
**ASSOCIATION, INC.**



**Principal Place of Business**  
**3093 46 AVE N**  
**ST PETERSBURG, FL 33714**

**Mailing Address**  
**3093 46 AVE N**  
**ST PETERSBURG, FL 33714**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

9741 International Court N.  
St. Petersburg, FL 33716

9741 International Court N.  
St. Petersburg, FL 33716

01122005 Chg-NP CR2E037 (10/03)

**4. FEI Number**  
**20-1278101**

☐ Applied For  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

PRIDGEN, GRADY C III  
3093 46 AVE N  
ST PETERSBURG, FL 33714

Name

Street Address (P.C.)

9741 International Court N.  
St. Petersburg, FL 33716

City

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**TITLE** DP ☐ Delete  
**NAME** PRIDGEN, GRADY C III  
**STREET ADDRESS** 3093 46 AVE N  
**CITY-ST-ZIP** ST PETERSBURG, FL 33714

**TITLE** DST ☐ Delete  
**NAME** MEYER, WILLIAM J  
**STREET ADDRESS** 1726 M ST NW STE 802  
**CITY-ST-ZIP** WASHINGTON, DC 20036

**TITLE** D ☐ Delete  
**NAME** PRIDGEN, SEAN C  
**STREET ADDRESS** 3093 46 AVE N  
**CITY-ST-ZIP** ST PETERSBURG, FL 33714

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

☒ Change ☐ Addition  
**NAME** 9741 International Court N.  
**STREET ADDRESS** St. Petersburg, FL 33716  
**CITY-ST-ZIP**

☒ Change ☐ Addition  
**NAME** 9741 International Court N.  
**STREET ADDRESS** St. Petersburg, FL 33716  
**CITY-ST-ZIP**

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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 all other like empowered.**

**SIGNATURE:**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/05