2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007773

FILED Apr 16, 2007 Secretary of State

Entity Name: CREEKSIDE OAKS AT MANATEE HOMEOWNERS' ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business: 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 **Current Mailing Address: New Mailing Address:** P.O. BOX 1418 PALM HARBOR, FL 34682 FEI Number: 41-2126753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HANSON, JACK B MELROSÉ MANAGEMENT GROUP 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP (X) Change () Addition () Delete NEFF. RICK PISZ. CHRISTOPHER A Name: Name: 7402 N 56TH ST STE 480 Address: 4348 85TH AVE CR E Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: PARRISH, FL 34219 Title: Title: (X) Change () Addition () Delete SMITH, RONALD G Name: JORDAN, STANLEY D Name: Address: 5130 EISENHOWER BLVD STE 280 Address: 4432 85TH AVE CR E City-St-Zip: TAMPA, FL 33634 City-St-Zip: PARRISH, FL 34219 Title: DS () Delete Title: (X) Change () Addition SCOTT, MITCH RICCIARDI, JOE Name: Name: Address: 290 9TH ST. N. #210 Address: 4357 85TH ACE CIR E City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: PARRISH, FL 34219 Title: Title: () Change (X) Addition () Delete Name: Name: KLEMISH, LORI 4416 85TH AVE CIR E Address: Address: City-St-Zip: City-St-Zip: PARRISH, FL 34219 Title: () Delete Title: () Change (X) Addition BIRDSONG, JAMES Name: Name: 4349 85TH AVE CIR E Address: Address: City-St-Zip: City-St-Zip: PARRISH, FL 34219

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK B HANSON RA 04/16/2007