


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT


DOCUMENT # N04000007406 1. Entity Name CREEKSIDE CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 4836 ATLANTIC BLVD JACKSONVILLE, FL 32207	Mailing Address 4836 ATLANTIC BLVD JACKSONVILLE, FL 32207
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State Zip	City & State Zip
-------------------------	-------------------------

FILED
07 OCT 23 AM 10: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10172007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1407850	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 GEIGER, JOHN R 4475 US 1S #406 SAINT AUGUSTINE, FL 32086	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
---	---

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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	DP ROSKOWSKI, DAVID <input type="checkbox"/> Delete
NAME	4836 ATLANTIC BLVD #120
STREET ADDRESS	JACKSONVILLE, FL 32207
CITY-ST-ZIP	
TITLE	DV <input checked="" type="checkbox"/> Delete
NAME	JAHNKE, STEVE
STREET ADDRESS	2817 HADDOCK RD
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	DS <input type="checkbox"/> Delete
NAME	VAUGHN, AMY
STREET ADDRESS	4836 ATLANTIC BLVD #104
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	DT <input type="checkbox"/> Delete
NAME	MCCULLEY, JOY
STREET ADDRESS	2378 STONEBRIDGE DR
CITY-ST-ZIP	ORANGE PARK, FL 32065
TITLE	<input type="checkbox"/> Delete
NAME	M 10/25
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400111555754
STREET ADDRESS	10/31/07--01048--014 **61.25
CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Allen Garber
STREET ADDRESS	210 Park Trace Blvd.
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Amy Vaughn Date: 10/18/07 Daytime Phone #: 9042941240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR