


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90045 039 ****61.25

| | | | | | |
|--|-------------------------|--|---|--|--|
| 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 # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01232008 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 20-1407850 | |
| | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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 | |
| | | | | FL 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 _____ <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 | DP | <input type="checkbox"/> Delete | TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSOWSKI, DAVID | | NAME | David Rosowski | |
| STREET ADDRESS | 4836 ATLANTIC BLVD #120 | | STREET ADDRESS | 4836 Atlantic Blvd #120 | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32207 | | CITY-ST-ZIP | Jacksonville, FL 32207 | |
| TITLE | DV | <input type="checkbox"/> Delete | TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GARBER, ALLEN | | NAME | Joseph Vaughn | |
| STREET ADDRESS | 216 PARK TRACE BLVD | | STREET ADDRESS | 4836 Atlantic Blvd #104 | |
| CITY-ST-ZIP | OSPREY, FL 34229 | | CITY-ST-ZIP | Jacksonville, FL 32207 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VAUGHN, AMY | | NAME | | |
| STREET ADDRESS | 4836 ATLANTIC BLVD #104 | | STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32207 | | CITY-ST-ZIP | | |
| TITLE | DT | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCULLEY, JOY | | NAME | | |
| STREET ADDRESS | 2378 STONEBRIDGE DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORANGE PARK, FL 32065 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: _____ | | Joseph Vaughn | | 1/29/08 9042741240 | |
| | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |