

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007406

FILED
Jan 29, 2009
Secretary of State

Entity Name: CREEKSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4836 ATLANTIC BLVD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

4836 ATLANTIC BLVD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-1407850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEIGER, JOHN R
4475 US 1S #406
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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:

Title: DS () Delete
Name: ROSOWSKI, DAVID
Address: 4836 ATLANTIC BLVD #120
City-St-Zip: JACKSONVILLE, FL 32207

Title: DV () Delete
Name: GARBER, ALLEN
Address: 216 PARK TRACE BLVD
City-St-Zip: OSPREY, FL 34229

Title: DP () Delete
Name: VAUGHN, JOSEPH
Address: 4836 ATLANTIC BLVD #104
City-St-Zip: JACKSONVILLE, FL 32207

Title: DT () Delete
Name: MCCULLEY, JOY
Address: 2378 STONEBRIDGE DR
City-St-Zip: ORANGE PARK, FL 32065

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: GAUTHIER, DAVID
Address: 4424 RICHMOND PARK CT
City-St-Zip: JACKSONVILLE, FL 32224

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: STUBBLEFIELD, JILL
Address: 4836 ATLANTIC BLVD #219
City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT () Change (X) Addition
Name: MONTGOMERY, LISA
Address: 4836 ATLANTIC BLVD #103
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify 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: JOY MCCULLEY

TREA

01/29/2009

Electronic Signature of Signing Officer or Director

Date