

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000628

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** CREEKSIDE PRESERVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2002 NORTH LOIS AVE  
SUITE 507  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

2002 NORTH LOIS AVE  
SUITE 507  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 20-4329790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAMB, BRIAN K  
2002 NORTH LOIS AVE  
SUITE 507  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

COMMUNITY ASSOCIATION MANAGEMENT SVCS  
2002 NORTH LOIS AVE  
SUITE 507  
TAMPA, FL 33607 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: BRIAN K. LAMB

03/19/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NEFF, RICK  
Address: 290 N 9 ST STE 201  
City-St-Zip: ST PETERSBURG, FL 33705

Title: VD ( ) Delete  
Name: ANDREWS, ED  
Address: 7402 NORTH 56TH ST SUITE 480  
City-St-Zip: TAMPA, FL 33617

Title: SD ( ) Delete  
Name: SCOTT, MITCH  
Address: 7402 NORTH 56TH ST SUITE 480  
City-St-Zip: TAMPA, FL 33617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: NEFF, RICK  
Address: 290 N 9 ST STE 201  
City-St-Zip: ST PETERSBURG, FL 33705

Title: VP (X) Change ( ) Addition  
Name: ANDREWS, ED  
Address: 7402 NORTH 56TH ST SUITE 480  
City-St-Zip: TAMPA, FL 33617

Title: D (X) Change ( ) Addition  
Name: HUDRLIK, DEBI  
Address: 5100 W LEMON ST, STE 312  
City-St-Zip: TAMPA, FL 33609

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: BRIAN K. LAMB

CEO

03/19/2009

Electronic Signature of Signing Officer or Director

Date