FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05636 (8)

1. Corporation Name

CREEKSIDE TOWN HOMES OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
107 HIDDEN GLEN WAY P. O. BOX 1606 DOTHAN AL 36303 US	103C HIDDEN GLEN WAY P. O. BOX 1606 DOTHAN AL 36302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1984
3a. Date of Last Report: 06/15/1994
4. FEI Number: 59-2503908 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 107 HIDDEN GLEN WAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 DOTHAN, AL
Zip 24 Country 25	Zip 29 36303 Country 30 U.S.A.

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BABCOCK, EDNA BRAGG
26 SAND CLIFFS DR.
RT. 6, BOX 520
PANAMA CITY FL 32407

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☒ Change ☐ Addition
NAME	BABCOCK, EDNA BRAGG	
STREET ADDRESS	205 WILLOWBROOK TERRACE	
CITY-ST-ZIP	DOTHAN AL	36301
TITLE	VD	☒ Change ☐ Addition
NAME	WILLIAMS, NORMAN	
STREET ADDRESS	1800 ADRIAN RD.	
CITY-ST-ZIP	DOTHAN AL	36303
TITLE	SD	☒ Change ☐ Addition
NAME	JINKS, MARILYN BRAGG	
STREET ADDRESS	111 MILLS STREET	
CITY-ST-ZIP	COWARTS AL	36321
TITLE	TD	☒ Change ☐ Addition
NAME	HYINK, PAT	
STREET ADDRESS	P.O.BOX 108,NA	1235 CLAYTON ROAD
CITY-ST-ZIP	ASHFORD AL	ASHFORD, AL 36312
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marilyn Bragg Jinks 4/27/95 334-793-7345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — MARILYN BRAGG JINKS | Date | Daytime Phone #

0074217