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Apr 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 1806
DOTHAN AL 36303
US

107 HIDDEN GLEN WAY
P. O. BOX 1806
DOTHAN AL 36303-2951
US

3. Date incorporated or Qualified
10/12/1984

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 4600 Range Road

26 4600 Range Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Niceville, Florida
Zip Country

28 Niceville, Florida
Zip Country

24 32578

25 Oklasooa

29 32578

30 Oklasooa

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Joseph L. Wright

82 Street Address (P.O. Box Number is Not Acceptable)

4600 Range Road

83

84 City

Niceville

FL

85 Zip Code

32578

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BABCOCK, EDNA BRAGG
STREET ADDRESS 205 WILLOWBROOK TERRACE
CITY-ST-ZIP DOTHAN AL

1.1 TITLE PD
1.2 NAME Wright, Joseph L.
1.3 STREET ADDRESS 4600 Range Road
1.4 CITY-ST-ZIP Niceville, FL 32578

TITLE VD
NAME WILLIAMS, NORMAN
STREET ADDRESS 1800 ADRIAN RD.
CITY-ST-ZIP DOTHAN AL

2.1 TITLE VD
2.2 NAME Brian Cruttenden
2.3 STREET ADDRESS P.O. Box 297
2.4 CITY-ST-ZIP Niceville, FL 32588

TITLE SD
NAME JINKS, MARILYN BRAGG
STREET ADDRESS 111 MILLS STREET
CITY-ST-ZIP COWARTS AL

3.1 TITLE STD
3.2 NAME Wright, Nan
3.3 STREET ADDRESS 1420 Bayshore Drive
3.4 CITY-ST-ZIP Niceville, FL 32578

TITLE TD
NAME HYINK, PAT
STREET ADDRESS 1235 CLAYTON RD
CITY-ST-ZIP ASHFORD AL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

1-904-897-4272

Date

Daytime Phone #

0076812

CR2E037 (9/96)