

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90013 016 ****61.25

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01052007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000002108			
1. Entity Name CREEKSIDE COMMUNITY ASSOCIATION OF POLK COUNTY, INC.			
Principal Place of Business 600 N WESTSHORE BLVD STE 400 TAMPA, FL 33609		Mailing Address 600 N WESTSHORE BLVD STE 400 TAMPA, FL 33609	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 206 Easton Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 107	
City & State		City & State Lakeland Florida	
Zip	Country	Zip	Country
		33803	US
4. FEI Number		Applied For	
02-0786966		Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
O'RYAN, CHRISTIAN F 2701 N ROCKY POINT DR STE 900 TAMPA, FL 33607		Name Condominium Associates	
		Street Address (P.O. Box Number is Not Acceptable)	
		206 Easton Dr., Suite 107	
		City Lakeland	
		FL	
		Zip Code 33803	
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		1-18-07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CACHON, MICHAEL	NAME	
STREET ADDRESS	600 N WESTSHORE BLVD - STE 400	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	
TITLE	VPD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHHOLT, DUSTY	NAME	
STREET ADDRESS	600 N WESTSHORE BLVD - STE 400	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	
TITLE	STD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLARKOWSKI, KEVIN	NAME	HEATHER Middleton
STREET ADDRESS	600 N WESTSHORE BLVD - STE 400	STREET ADDRESS	600 N. WESTSHORE BLVD, Suite 400
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	TAMPA, FL 33609
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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:		1-5-07 813-901-5263	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	
DUSTY EICHHOLD, VICE PRESIDENT			