

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90212 004 ****61.25

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 206 EASTON DR STE 107 LAKE LAND, FL 33803		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P O Box 781291			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Orlando FL		4. FEI Number 02-0786966	
Zip		Zip 32878		Country US	
6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 206 EASTON DR STE 107 LAKE LAND, FL 33803				7. Name and Address of New Registered Agent Name: Community Resource Mgmt Street Address (P.O. Box Number is Not Acceptable): 19 E. Central Blvd. City: Orlando FL Zip Code: 32801	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	NAME CACHON, MICHAEL	<input checked="" type="checkbox"/> Delete	TITLE P	NAME Mahdi Mansour	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 600 N WESTSHORE BLVD - STE 400	CITY-ST-ZIP TAMPA, FL 33609		STREET ADDRESS PO Box 781291	CITY-ST-ZIP Orlando, FL 32878	
TITLE VPD	NAME EICHHOLT, DUSTY	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME Bob Jeski	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 600 N WESTSHORE BLVD - STE 400	CITY-ST-ZIP TAMPA, FL 33609		STREET ADDRESS PO Box 781291	CITY-ST-ZIP Orlando, FL 32878	
TITLE STD	NAME MIDDLETON, HEATHER	<input checked="" type="checkbox"/> Delete	TITLE S	NAME Mike Southward	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 600 N WESTSHORE BLVD - STE 400	CITY-ST-ZIP TAMPA, FL 33609		STREET ADDRESS PO Box 781291	CITY-ST-ZIP Orlando, FL 32878	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	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			4/14/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
813-888-1033			Daytime Phone #		