

**FILED****Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90189 043 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT****DOCUMENT # N06000012072**1. Entity Name  
CREEKSIDE OFFICE PARK OFFICE CONDOMINIUM  
ASSOCIATION, INC.Principal Place of Business  
5851 TIMUQUANA RD - STE 301  
JACKSONVILLE, FL 32210Mailing Address  
5851 TIMUQUANA RD - STE 301  
JACKSONVILLE, FL 32210

40060100

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

03262007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
20-5936826Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**ATLEE, KENYON S  
5851 Timuquana Road, Suite 301  
Jacksonville FL 32210**7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make check payable to**  
**Florida Department of State****10. OFFICERS AND DIRECTORS**TITLE PD ☐ Delete  
NAME ATLEE, KENYON S  
STREET ADDRESS 5851 Timuquana Road, Suite 301  
CITY-ST-ZIP Jacksonville FL 32210TITLE VPTD ☐ Delete  
NAME BRADFORD, ERIC  
STREET ADDRESS 5851 Timuquana Road, Suite 301  
CITY-ST-ZIP Jacksonville FL 32210TITLE VPSD ☐ Delete  
NAME MOUNTAIN, DONNA  
STREET ADDRESS 5851 Timuquana Road, Suite 301  
CITY-ST-ZIP Jacksonville FL 32210TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-07

Date

904-384-6964

Daytime Phone #