

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90043 048 ****61.25

DOCUMENT # N06000012072

1. Entity Name
CREEKSIDE OFFICE PARK OFFICE CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
5851 TIMUQUANA RD - STE 301
JACKSONVILLE, FL 32210

Mailing Address
5851 TIMUQUANA RD - STE 301
JACKSONVILLE, FL 32210

40070700



DO NOT WRITE IN THIS SPACE

04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-5936826

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ATLEE, KENYON S
4501 BEVERLY AVE
JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ATLEE, KENYON S
STREET ADDRESS 4501 BEVERLY AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE VPTD
NAME BRADFORD, ERIC
STREET ADDRESS 4501 BEVERLY AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE VPSD
NAME MOUNTAIN, DONNA
STREET ADDRESS 4501 BEVERLY AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Kenyon S. Atlee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08
Date

9043846964
Daytime Phone #