


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #N17304</b> 1. Entity Name CREEKSIDE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 2498 TAXIWAY ECHO DAYTONA BEACH, FL 32128	Mailing Address 1995 ARDMOR DR PORT ORANGE, FL 32128 US
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04292006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3000091	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  GAMEL, DEBRA 1995 ARDMOR DRIVE PORT ORANGE, FL 32128	
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEALE, ROBERT 2572 SPRUCE CREEK BLVD PORT ORANGE, FL 32128	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAGEN, LOLA 2570 SPRUCE CREEK BLVD. PORT ORANGE, FL 32128	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LESLIE B. LOWMAN 2498 TAXIWAY ECHO PORT ORANGE, FL 32128	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAMEL, DEBRA 1995 ARDMOR DRIVE PORT ORANGE, FL 32128	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

U00000550054  
05/13/06-80046-006 61.25

**DO NOT WRITE  
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.	
<b>SIGNATURE:</b> <u>Debra L Gamel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/29/06</u> <small>Date Daytime Phone #</small>