


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90020 034 \*\*\*\*61.25

<b>DOCUMENT # N17304</b> 1. Entity Name <b>CREEKSIDE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2498 TAXIWAY ECHO DAYTONA BEACH, FL 32128</b>			Mailing Address <b>1995 ARDMOR DR PORT ORANGE, FL 32128 US</b>		
2. Principal Place of Business - No P.O. Box # <b>5466 Crane Feather Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>P. O. Box 291205</b> Suite, Apt. #, etc.			
City & State <b>Port Orange, FL</b> Zip <b>32128</b>		City & State <b>Port Orange, FL</b> Zip <b>32129-1205</b>		Country <b>US</b>	
4. FEI Number <b>59-3000091</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SELWITZ, BARBARA J 834 FIRST STREET PORT ORANGE, FL 32129</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>5466 Crane Feather Drive</b> City <b>Port Orange FL 32128</b>		
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 <u><i>Barbara J Selwitz</i></u> <span style="float: right;">01/29/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOWMAN, ANN 2498 TAXIWAY ECHO PORT ORANGE, FL 32128 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAGEN, LOLA 2570 SPRUCE CREEK BLVD. PORT ORANGE, FL 32128 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LESLIE B. LOWMAN 2498 TAXIWAY ECHO PORT ORANGE, FL 32128 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SELWITZ, BARBARA J 834 FIRST STREET PORT ORANGE, FL 32129 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5466 Crane Feather Drive Port Orange, FL 32128</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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><i>Barbara J Selwitz</i></u> <b>Barbara J. Selwitz</b> <b>01/29/08</b> <b>(386) 756-7700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					