2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT #NI47204				S(Secretary of State			
DOCUMENT # N17304 1. Entity Name CREEKSIDE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.				6422A		90020 034 ****6		
Principal Plece 2498 TAXIWA DAYTONA BE		Mailing Address 1995 Ardmor DR PORT ORANGE, FL 3212	8 US	1 1841/10 101 14	SA INNEN KIKI NEKIEN	DI SIRIN DISKI SKON SKON DISK	310 Hill Ok (60)	
		3. Mailing Address P. O. Box 291	illing Address . 0. Box 291205					
Suite, Apt.		Suite, Apt. #, etc.		01272008	Chg-NP	CR2E037 (12/06	5)	
City & State	е	City & State		4. FEI Number			Applied For	
	range, FL	Port Orange, F	-1	59-30000	J91 	<u>l</u>	Not Applicable	
_{Zip} 32128	Country	32129-1205	Country US	5. Certificate of	Status Desired	□ \$8.75 . Fee Regi	Additional ilred	
<u> </u>	6. Name and Address of Current			7. Name and Ad	dress of New	Registered Agent		
			Name					
SELWITZ, BARBARA J 834 FIRST STREET			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
PORT OR	ANGE, FL 32129		5.	<u>466 Crane Feat</u>	her Driv	/e		
							· · · · · · · · · · · · · · · · · · ·	
			City	ort Orange		FL Zip C	ode 128	
	named entity submits this statement for	the purpose of changing its re			in the State of F			
the obligat	ions of registered agent.	7 2 2				1 /		
CICNATURE	Dellan 9 S.	o Vivit				01/29/0	8	
SIGNATURE.	Signature, typed or printed name of legistered agent a	and title if applicable. (NOTE: R	Registered Agent signatu	ire required when reinstating)		DATE		
SIGNATURE.	· v	and title if applicable. (NOTE: R						
SIGNATURE .	Signature, typed or printed name of suistered agent of Filting Fee is \$61.25 Due by May 1, 2008		aign Financing	\$5.00 May Be Added to Fees	1	DATE	e to	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Flo	DATE Make check payable	s to State	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Camp Trust Fund Cor	naign Financing ntribution.	\$5.00 May Be Added to Fees	Flo	DATE Make check payable rida Department of	s to State	
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12. I hereby certify that the information supplied with this filling 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.