2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N17304

Entity Name: CREEKSIDE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5466 CRANE FEATHER DRIVE
DAYTONA BEACH, FL 32128

New Principal Place of Business:

5466 CRANE FEATHER DRIVE
PORT ORANGE, FL 32128

Current Mailing Address:

PO BOX 291205
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 59-3000091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SELWITZ, BARBARA J
5466 CRANE FEATHER DRIVE
PORT ORANGE, FL 32128 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LOWMAN, ANN
Address: 2498 TAXIWAY ECHO
City-St-Zip: PORT ORANGE, FL 32128

Title: PD ( ) Delete
Name: HAGEN, LOLA
Address: 2570 SPRUCE CREEK BLVD.
City-St-Zip: PORT ORANGE, FL 32128

Title: S ( ) Delete
Name: LESLIE B. LOWMAN
Address: 2498 TAXIWAY ECHO
City-St-Zip: PORT ORANGE, FL 32128

Title: T ( ) Delete
Name: SELWITZ, BARBARA J
Address: 5466 CRANE FEATHER DRIVE
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: LOWMAN, ANN
Address: 2498 TAXIWAY ECHO
City-St-Zip: PORT ORANGE, FL 32128

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HEFFERNAN, JEANINE B
Address: 250 WALTERS ROAD
City-St-Zip: CHALFONT, PA 18914

Title: T (X) Change ( ) Addition
Name: SELWITZ, BARBARA J
Address: 5466 CRANE FEATHER DRIVE
City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J. SELWITZ TRES 04/20/2009

Electronic Signature of Signing Officer or Director — Date