

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17304

FILED  
Jan 07, 2012  
Secretary of State

**Entity Name:** CREEKSIDE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5466 CRANE FEATHER DRIVE  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

**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: SD  
Name: LOWMAN, ANN  
Address: 2498 TAXIWAY ECHO  
City-St-Zip: PORT ORANGE, FL 32128

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

Title: D  
Name: HEFFERNAN, JEANINE B  
Address: 250 WALTERS ROAD  
City-St-Zip: CHALFONT, PA 18914

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

I hereby 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 all other like empowered.

SIGNATURE: BARBARA J. SELWITZ

T

01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date