

N17304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

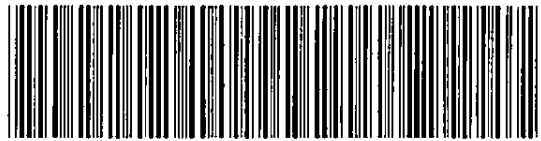
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TALLAHASSEE, FL

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CREEKSIDE CONDOMINIUM HOMEOWNERS ASSOCI  
Name of Corporation

**DOCUMENT NUMBER:** 59-3000091

The enclosed Statement of Change of Registered Office/Agent and  
Please return all correspondence concerning this matter to the follow

KARLA BAUMANN

Name of Contact Person

CREEKSIDE CONDOMINIUM HOMEOWNERS ASSOCIATION, II  
Firm/Company

391 S TIMBERLANE DR

Address

NEW SMYRNA BEACH, FL 32168

City/State and Zip Code

KSCPOA@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARLA BAUMANN

Name of Contact Person

at (386) 402-8739  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Change of  
registered  
agent  
Original docs  
sent separately!

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CREEKSIDE CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.  
2. The principal office address: 391 S TIMBERLANE DR, NEW SMYRNA BEACH, FL 32168

3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 10/14/1986 Document number: N17304

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

AMANDA L BAKER

P.O. BOX 731923

ORMOND BEACH, FL 32713

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

KARLA BAUMANN

391 S TIMBERLANE DR

P.O. Box NOT acceptable

NEW SMYRNA BEACH, FL 32168

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Ann Lowman, Secretary  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

9-10-27  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)