2/23/24, 3:28 PM

Page: 2 of 3

From: Kaity Toon

Division of Corporations Electronic Filing Cover Sheet

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(((H240000736573)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE CREEKSIDE RUN HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

To:

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

statement of cha	provisions of sections 607.0502 ange is submitted for a corporat	on organized under the law:	s of the State of FL.		_
	er 10 change its registered office		-	rida.	
1. The name of	the corporation: CREEKSIDE R	JN HOMEOWNERS ASSOC	TATION, INC.		
2. The principal	office address: 13461 Parker Cor	amons Blvd. Suite 101			
FORT MYERS.					_
3. The mailing a	address (if different):	· · · · · · · · · · · · · · · · · · ·			
4. Date of incorp	poration/qualification: 09/06/200	2 Document nu	umber: N220000107	85	-
	d street address of the current re- rtment of State: (If resigned, ent		office on file with t	the	
	Associa Gulf Coast				
	13461 Parker Commons Blvd. Suite 101			2021 Si	
	FORT MYERS, FL 33912) 	2024 FEB 23	9.32
6. The name and (if changed):	d street address of the new regist	ered agent (if changed) and	/or registered office	23 AM	1 i'w 15
	C T Corporation System			1 9: 2 ::::::::::::::::::::::::::::::::::::	(
	1200 South Pine Island Road			[] 2	
		P.O. Box NOT appropriate			
	Plantation, Florida 33324				
The street addre	ess of its registered office and t be identical.	ne street address of the bus	iness office of its re	egistered age	nt,
Such change wa authorized by tl	as authorized by resolution dul- he board, or the corporation has	adopted by its board of di been notified in writing of	rectors or by an off the change.	icer so	
	LX.	Jennifer Sipperl	ey Pre	sident	
 I hereby accept I further agree .	the appointment as registered the appointment as registered to comply with the provisions of the I am familiar with and accepting filed merely to reflect a cha s been notified in writing of this a System	rigent and agree to act in the fall statutes relative to the t the obligation of my posit age in the registered office whange.	In typed name and after his capacity, proper and comple ion as registered a address, I hereby i	ete performa gent. Or, if t confirm that t	nce this the
Sic	nature of Registered Agent	ジン 02/19/2024	Date		_
•	chalf of an entity:		· , 		
Terrie Bates, Ass	sistant Secretary				
	yped or Printed Name				
	* * * FH	ING FEE: \$35.00 * * *			
M	MAKE CHECKS PAYABL AIL TO: DIVISION OF CORPORA	e to Florida Departmen nons, P.O. Box 6327. Tal		314	

CR2E045 (04/13)

By: