## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N51335

FILED Jan 28, 2009 Secretary of State

Entity Name: CREEKSIDE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:		
1801 COOI ORLANDO	K AVENUE , FL 32806				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1801 COOI ORLANDO	K AVENUE , FL 32806				
FEI Number:	59-3149519	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
52 E SOUT ORLANDO	, FL 32801 named entity	US	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR					
		nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CORTNER, AN	BRONSON HWY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( SMITH, NINA 4310 BAY BR KISSIMMEE, I		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD ( REESE, GUY 4319 CRAKSI KISSIMMEE, I		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( AVILA, VICTO 4311 CREEKS KISSIMMEE, I	SITE BLVD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: GUY REESE PRES 01/28/2009