

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90838 025 \*\*\*\*61.25

**DOCUMENT # N94000001471**

1. Entity Name  
**CREEKSID HOMEOWNERS' ASSOCIATION OF JACKSONVILLE, INC.**



Principal Place of Business  
4213 CTY RD 218  
STE 1  
MIDDLEBURG, FL 32068 US

Mailing Address  
4213 CTY RD 218  
STE 1  
MIDDLEBURG, FL 32068 US

2. Principal Place of Business - No P.O. Box #  
**11512 Lake Mead Avenue**

3. Mailing Address  
**7643 Gate Parkway**

Suite, Apt. #, etc.  
**Suite 405**

Suite, Apt. #, etc.  
**Suite 104, PMB 188**

City & State  
**Jacksonville, Florida**

City & State  
**Jacksonville, FL 32256**

Zip  
**32256**

Country  
**USA**

Zip  
**32256**

Country  
**USA**



04232007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3265864**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DELCOMYN, VINA**  
4213 CTY RD 218  
STE 1  
MIDDLEBURG, FL 32068

**7. Name and Address of New Registered Agent**

Name  
**Kim Balaskiwice**

Street Address (P.O. Box Number is Not Acceptable)  
**11512 Lake Mead Avenue**

**Suite 405**

City  
**Jacksonville**

**FL**

Zip Code  
**32256**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

| TITLE | NAME               | STREET ADDRESS          | CITY-ST-ZIP            | Delete                              |
|-------|--------------------|-------------------------|------------------------|-------------------------------------|
| PD    | RAMSHAW, ERIC      | 3626 CAMELLIA BAY DR S. | JACKSONVILLE, FL 32223 | <input checked="" type="checkbox"/> |
| VPD   | YOUNG, FRAN        | 12783 CAMELLIA BAY DR E | JACKSONVILLE, FL 32223 | <input checked="" type="checkbox"/> |
| D     | SCHARRATTA, DENNIS | 12782 CAMELLIA BAY E    | JACKSONVILLE, FL 32223 | <input type="checkbox"/>            |
| STD   | FELDMAN, LEONARD   | 12743 CAMELLIA BAY E    | JACKSONVILLE, FL 32223 | <input type="checkbox"/>            |
| D     | BATHEA, REBECCA    | 12802 CAMELLIA BAY E    | JACKSONVILLE, FL 32223 | <input type="checkbox"/>            |
|       |                    |                         |                        | <input type="checkbox"/>            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| TITLE | NAME             | STREET ADDRESS            | CITY-ST-ZIP            | Change                              | Addition                            |
|-------|------------------|---------------------------|------------------------|-------------------------------------|-------------------------------------|
| PD    | Chow, Dr. Leon   | 12826 Camellia Bay Dr. W  | Jacksonville, FL 32223 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| VPD   | Young, Dr. Jim   | 12783 Camellia Bay Dr. E  |                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|       |                  |                           |                        | <input type="checkbox"/>            | <input type="checkbox"/>            |
| S     | Feldman, Leonard | 12743 Camellia Bay Dr. E. | Jacksonville, FL 32223 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| D     | Bathen, Rebecca  | 12802 Camellia Bay Dr. E  | Jacksonville, FL 32223 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|       |                  |                           |                        | <input type="checkbox"/>            | <input type="checkbox"/>            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**LEON CHOW**

**4/25/7**

**641-1858**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #