

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90114 014 ****61.25

DOCUMENT # N94000001471 1. Entity Name CREEKSIDE HOMEOWNERS' ASSOCIATION OF JACKSONVILLE, INC.			
Principal Place of Business 11512 LAKE MEAD AVE STE 405 JACKSONVILLE, FL 32256 US		Mailing Address 7643 FATE PKWY STE 106, PMG 188 JACKSONVILLE, FL 32256 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. Ste 104 PMB 188	
City & State Jacksonville, FL		City & State Jacksonville, Florida	
Zip 32256		Zip 32256	
Country USA		Country USA	
4. FEI Number 59-3265864		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALASKIEWICZ, KIM 11512 LAKE MEAD AVE. STE 405 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Kim Balaskiewicz</i></u> Kim Balaskiewicz		DATE <u>4/10/8</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHOW, LEON DR. 12826 CAMELLIA BAY DR. W JACKSONVILLE, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNG, JIM DR. 12783 CAMELLIA BAY DR E JACKSONVILLE, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHARRATTA, DENNIS 12782 CAMELLIA BAY E JACKSONVILLE, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Dennis Sciaratta 12782 Camellia Bay Drive East Jacksonville, Florida 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FELDMAN, LEONARD 12743 CAMELLIA BAY E JACKSONVILLE, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATHEA, REBECCA 12802 CAMELLIA BAY E JACKSONVILLE, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rebecca Bathe 12802 Camellia Bay Drive East Jacksonville, Florida 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Kim Balaskiewicz</i></u> Kim Balaskiewicz		Date <u>4/10/08</u> Daytime Phone # <u>904-641-1858</u>	