

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001471

FILED
Mar 08, 2012
Secretary of State

Entity Name: CREEKSIDE HOMEOWNERS' ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

11512 LAKE MEAD AVE
STE 405
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

7643 GATE PKWY
STE 104 PMB 188
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3265864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALASKIEWICZ, KIM
11512 LAKE MEAD AVE.
STE 405
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MOLYNEUX, HARRY
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: VPD
Name: PRINTY, BRIAN
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: SD
Name: ALTEMOSE, BRET
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: SAYWARD, DANIECE
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: BROWN RAMSHAW, KATHY
Address: 7643 GATE PKWY, SUITE 104 PMB 188
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: KIM BALASKIEWICZ

MGR

03/08/2012

Electronic Signature of Signing Officer or Director

Date