


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

1997 OCT -1 PM 12: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. MoAham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004771 (0)**

1. Corporation Name

CREEKSIDE OAKS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**219 MAN O'WAR CIRCLE
CANTONMENT FL 32533**

**219 MAN O'WAR CIRCLE
CANTONMENT FL 32533**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/09/1995

3a. Date of Last Report
06/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 **2201 Valle Escondido**

27 **2201 Valle Escondido**

23 City & State

28 City & State

23 **Pensacola FL**

28 **Pensacola, FL**

24 Zip

25 Country

29 Zip

30 Country

24 **32526**

25 **US**

29 **32526**

30 **US**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANFILIPPO, RICHARD
219 MAN O'WAR CIRCLE
CANTONMENT FL 32533**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVST	<input type="checkbox"/> DELETE
NAME	SANFILIPPO, RICHARD	
STREET ADDRESS	219 MAN O'WAR CIRCLE	
CITY-ST-ZIP	CANTONMENT FL 32533	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANFILIPPO, RICHARD	
STREET ADDRESS	219 MAN O'WAR CIRCLE	
CITY-ST-ZIP	CANTONMENT FL 32533	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANFILIPPO, STEVEN P	
STREET ADDRESS	3253 TALLSHIP LANE	
CITY-ST-ZIP	PENSACOLA FL 32526	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SANFILIPPO, TERRY	
STREET ADDRESS	219 MAN O'WAY CIRCLE	
CITY-ST-ZIP	CANTONMENT FL 32533	

TITLE	D	<input type="checkbox"/> DELETE
NAME	Fuller, Sharon	
STREET ADDRESS	6060 Villeneuve Lane	
CITY-ST-ZIP	Pensacola, FL 32526-1002	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

7/31/97

944-9127

CR2E037 (4/97)