

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 25, 2008
Secretary of State

DOCUMENT# N97000004375

Entity Name: CREEKSIDE AT CREEKWOOD ASSOCIATION, INC.**Current Principal Place of Business:**7167 46TH AVE CIR E
BRADENTON, FL 34203**New Principal Place of Business:****Current Mailing Address:**7167 46TH AVE CIR E
BRADENTON, FL 34203**New Mailing Address:****FEI Number:** 65-0941594**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BISHARAT, SAMI
4649 72ND CT E
BRADENTON, FL 34203 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 () Delete
Name: RALPH, HAGER
Address: 7167 46TH AVE CIR E
City-St-Zip: BRADENTON, FL 34203**Title:** VD () Delete
Name: YANICS, STEVE
Address: 7127 46TH AVE CIR E
City-St-Zip: BRADENTON, FL 34203**Title:** SD () Delete
Name: STOUGH, ANDREA
Address: 4669 73RD ST E
City-St-Zip: BRADENTON, FL 34203**Title:** TD () Delete
Name: BISHARAT, SAMI
Address: 4649 72ND ST E
City-St-Zip: BRADENTON, FL 34203**Title:** D () Delete
Name: BROUGHER, JAMES
Address: 4606 72ND CT E
City-St-Zip: BRADENTON, FL 34203**Title:** D () Delete
Name: ROUSE, GARY
Address: 7155 46TH AVE CIR E
City-St-Zip: BRADENTON, FL 34203**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** SD (X) Change () Addition
Name: JOANNE, VOORHEES
Address: 4636 72ND CT E
City-St-Zip: BRADENTON, FL 34203**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: STOUGH, ANDREA
Address: 4669 73RD ST E
City-St-Zip: BRADENTON, FL 34203**Title:** PTD (X) Change () Addition
Name: BISHARAT, SAMI
Address: 4649 72ND ST E
City-St-Zip: BRADENTON, FL 34203**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: SAMI BISHARAT

PTD

04/25/2008

Electronic Signature of Signing Officer or Director

Date