

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N97000004375

1. Entity Name

CREEKSIDE AT CREEKWOOD ASSOCIATION, INC.



**FILED
Jan 15, 2003 8:00 am
Secretary of State**

01-15-2003 90235 022 ****61.25

20001640



CHECK HERE IF MAKING CHANGES

Principal Place of Business

7110 FAIRWAY BEND LN.
#286
SARASOTA FL 34243

Mailing Address

7110 FAIRWAY BEND LN.
#286
SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number **65-0941594**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIMES, CALEB J ESQ
1023 MANATEE AVENUE WEST
BRADENTON FL 34205

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change Addition

TITLE: **VD**
NAME: SEMON, CHERYL L
STREET ADDRESS: 7110 FAIRWAY BEND LANE., #286
CITY-ST-ZIP: SARASOTA FL 34243

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: **PD**
NAME: HAGER, RALPH
STREET ADDRESS: 7167 46TH AVENUE CIRCLE EAST
CITY-ST-ZIP: BRADENTON FL 34203

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: **STD**
NAME: SANDERSON, ANN
STREET ADDRESS: 4909 W COUNTRY CLUB DR
CITY-ST-ZIP: SARASOTA FL 34243

Delete

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Change Addition

12. I 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 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 changed, or on an attachment with an address, with all other like empowered.

CR2E037 (10/02)

SIGNATURE: *Cheryl L. Semon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 941-351-6986