

DOCUMENT # N99000007363

1. Entity Name

CREEKSIDE COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2069 FIRST ST., STE. 301
FT. MYERS FL 33901

Mailing Address

2069 FIRST ST., STE. 301
FT. MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHARD, JOANNE
2069 FIRST ST., STE. 301
FT. MYERS FL 33901

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Joanne Chard, Pres.
2069 First St. #301
Fort Myers, FL 33901 DTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Kyle Kitchens, V.P.
2039 W. First St. #309
Fort Myers, FL 33901 DTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Alexandra Mary Wells
905 Dean Way
Fort Myers, FL 33919 DTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00 94-337-1977

Date

Daytime Phone #

FILED
May 02, 2000 8:00 am
Secretary of State

02-15-2000 90050 003 ****61.25



DO NOT WRITE IN THIS SPACE

(4) FEI Number ~~123-456789~~ Applied For ☒ Applied For ☐ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required