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000516

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 27 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000020663**

1. Corporation Name
CREEKSIDE PARK, INC.

Principal Place of Business	Mailing Address
950 NORTH ORLANDO AVENUE #320 WINTER PARK FL 32789	~~950 NORTH ORLANDO AVENUE #320~~ ~~WINTER PARK FL 32789~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 4961
Suite, Apt. #, etc.
27 City & State
28 ORLANDO, FL
Zip 29 32802 Country 30 USA

3. Date Incorporated or Qualified
03/04/1998

4. FEI Number
59-3496155
[ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired X
$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ]
$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when filing) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		
TITLE	D	X DELETE
NAME	SCHOW, L B	
STREET ADDRESS	950 NORTH ORLANDO AVENUE #320	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	[ ] DELETE
NAME	PALMER, CHARLES B	
STREET ADDRESS	950 NORTH ORLANDO AVENUE #320	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	[ ] DELETE
NAME	DENTINGER, THOMAS A	
STREET ADDRESS	950 NORTH ORLANDO AVENUE #320	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		[ ] Change [ ] Addition
12 NAME	400000285595.14---4	
13 STREET ADDRESS	-04/30/99--01145--020	
14 CITY-ST-ZIP	****158.75 ****158.75	
21 TITLE	V, S, T, D	X Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	T, D	X Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	PV VICE PRES	[ ] Change X Addition
42 NAME	THOMAS K. MAHONEY	
43 STREET ADDRESS	950 N. ORLANDO AVE, SUITE 320	
44 CITY-ST-ZIP	WINTER PARK, FL 32789	
51 TITLE	S, ASSISTANT VICE PRES	[ ] Change X Addition
52 NAME	C. GIBBS PALMER	
53 STREET ADDRESS	950 N. ORLANDO AVE, SUITE 320	
54 CITY-ST-ZIP	WINTER PARK, FL 32789	
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Vice Pres 4/23/99 407-622-4544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #