

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N11966 (1)**

1. Corporation Name
BEAR CREEK MOBILE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **5 BIG BEAR PATH ORMOND BEACH FL 32174**
Mailing Address: **5 BIG BEAR PATH ORMOND BEACH FL 32174**

3. Date Incorporated or Qualified: **11/07/1985**
3a. Date of Last Report: **03/20/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2608119**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BRUSH, MARY
10 LITTLE BEAR PATH
ORMOND BEACH FL 32174**

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 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 filer's applicant) (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	11 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUSH, MARY	12 NAME	RYDER, ED
STREET ADDRESS	10 LITTLE BEAR PATH	13 STREET ADDRESS	44 Bear Creek Path
CITY-ST-ZIP	ORMOND BEACH FL 32174	14 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	PD <input checked="" type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, LOUIS	22 NAME	MAY, Jo Ann
STREET ADDRESS	11 POLAR BEAR PATH	23 STREET ADDRESS	4 Polar Bear Path
CITY-ST-ZIP	ORMOND BEACH FL	24 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COURTNEY, DORIS	32 NAME	MOWEN, Ed
STREET ADDRESS	5 BEAR CLAW PATH	33 STREET ADDRESS	19 Lil' Cub Path
CITY-ST-ZIP	ORMOND BEACH FL	34 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	VD <input type="checkbox"/> DELETE	41 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSGROVE, JOHN	42 NAME	COSGROVE, John
STREET ADDRESS	7 GOLDEN BEAR PATH	43 STREET ADDRESS	7 Golden Bear Path
CITY-ST-ZIP	ORMOND BEACH FL	44 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWAN, HARRY	52 NAME	ROBERTSON, Ed
STREET ADDRESS	6 HONEY BEAR PATH	53 STREET ADDRESS	5 Gentle Ben Path
CITY-ST-ZIP	ORMOND BEACH FL 32174	54 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE, ROBERT	62 NAME	ROCK, John
STREET ADDRESS	24 BEAR CREEK PATH	63 STREET ADDRESS	52 Big Bear Path
CITY-ST-ZIP	ORMOND BEACH FL	64 CITY-ST-ZIP	Ormond Beach, FL 32174

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: John Cosgrove 2/28/96 904/672-9830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
John Cosgrove, President/Director

CR2E037 (12/95)