

FILE NOW: FILING FEE IS \$61.25

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**Apr 01 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32174-2987
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1985		3a. Date of Last Report 03/11/1996	
21	26	4. FEI Number 59-2608119		Applied For		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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				Fern VanAlstine			
82 Street Address (P.O. Box Number is Not Acceptable)				9 Gentle Ben Path			
83							
84 City				Ormond Beach		85 FL	Zip Code 32174

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 617.0603, Florida Statutes.

SIGNATURE *Fern VanAlstine* **Fern VanAlstine** **3/21/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUSH, MARY	1.2 NAME	ROCK, JOHN
STREET ADDRESS	10 LITTLE BEAR PATH	1.3 STREET ADDRESS	52 Big Bear Path
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAY, JO ANN	2.2 NAME	ARNOLD, Clint
STREET ADDRESS	4 POLAR BEAR PATH	2.3 STREET ADDRESS	25 Gentle Ben Path
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COURTNEY, DORIS	3.2 NAME	VanALSTINE, Fern
STREET ADDRESS	5 BEAR CLAW PATH	3.3 STREET ADDRESS	9 Gentle Ben Path
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSGROVE, JOHN	4.2 NAME	STAPLES, Paul
STREET ADDRESS	7 GOLDEN BEAR PATH	4.3 STREET ADDRESS	32 Malaysian Sun Bear Path
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTSON, ED	5.2 NAME	WIEGAND, Pat
STREET ADDRESS	5 GENTLE BEN PATH	5.3 STREET ADDRESS	1 Grizzly Bear Path
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	BRUCE, ROBERT	6.2 NAME	
STREET ADDRESS	24 BEAR CREEK PATH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	6.4 CITY-ST-ZIP	

14. I do 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 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 Rock* **John Rock, Pres.** **3/3/97**
Signature and typed or printed name of signing officer or director Date Daytime Phone 0003442

CR2E037 (9/96)