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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N11966

1. Corporation Name
 BEAR CREEK MOBILE HOMEOWNERS ASSOCIATION, INC

Principal Place of Business Mailing Address
 5 Big Bear Path 5 Big Bear Path
 Ormond Beach, FL 32174 Ormond Beach, FL 32174

21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	11/07/1985
22	City & State	City & State	4. FEI Number
	Zip	Country	59-2608119
23	Country	Country	Applied For
	Zip	Country	Not Applicable
24	25	29	30
	Country	Country	Country
	Country	Country	Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VanAlstine, Fern		81	Name
9 Gentle Ben Path		82	Street Address (P.O. Box Number is Not Acceptable)
Ormond Beach, FL 32174		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, RICHARD	1.2 NAME	WEIGAND, Pat
STREET ADDRESS	6 Running Bear Path	1.3 STREET ADDRESS	1 Grizzly Bear Path
CITY-ST-ZIP	Ormond Beach, FL 32174	1.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLETT, Art	2.2 NAME	WATHEN, Thad
STREET ADDRESS	1 Kodiak Path	2.3 STREET ADDRESS	11 Polar Bear Path
CITY-ST-ZIP	Ormond Beach, FL 32174	2.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VanAlstine, Fern	3.2 NAME	JOHNSON, Joe
STREET ADDRESS	9 Gentle Ben Path	3.3 STREET ADDRESS	110 Grizzly Bear Path
CITY-ST-ZIP	Ormond Beach, FL 32174	3.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	King, Dennis	4.2 NAME	
STREET ADDRESS	26 Grizzly Bear Path	4.3 STREET ADDRESS	
CITY-ST-ZIP	Ormond Beach, FL 32174	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOESCH, Clara	5.2 NAME	
STREET ADDRESS	9 Koala Bear Path	5.3 STREET ADDRESS	
CITY-ST-ZIP	Ormond Beach, FL 32174	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCK, John	6.2 NAME	
STREET ADDRESS	52 Big Bear Path	6.3 STREET ADDRESS	
CITY-ST-ZIP	Ormond Beach, FL 32174	6.4 CITY-ST-ZIP	

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 617, 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: Richard C. Hill Date: 3/15/99 Daytime Phone #: (904) 615-0124

CR2E037 (11/98)