

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11966

1. Entity Name

~~BEAR CREEK MOBILE HOMEOWNERS ASSOCIATION, INC.~~
BEAR CREEK MANUFACTURED HOMEOWNERS ASSOCIATION, INC.

FILED
Jun 29, 2000 8:00 am
Secretary of State

04-03-2000 90167 011 ****70.00

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2608119	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

~~VANALSTINE, FERN~~
~~9 GENTLE BEN PATH~~
~~ORMOND BEACH FL 32174~~

D HILL, FERN
 6 RUNNING BEAR PATH
 ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name: **DENNIS KING, PRESIDENT**
 Street Address (P.O. Box Number is Not Acceptable): **26 GRIZZLY BEAR PATH**
 City: **ORMOND BEACH** FL Zip Code: **32174**

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: DATE: 6/16/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VP D	<input type="checkbox"/> Delete
NAME	ROCK, JOHN	
STREET ADDRESS	52 BIG BEAR PATH	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAY, JO ANN	
STREET ADDRESS	4 POLAR BEAR PATH	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLARK, JOHN	
STREET ADDRESS	14 BEAR TOOTH PATH	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, RICHARD	
STREET ADDRESS	6 RUNNING BEACR PATH	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBERTSON, ED	
STREET ADDRESS	5 GENTLE BEN PATH	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEIGAND, PAT	
STREET ADDRESS	1 GRIZZLY BEAR PATH	
CITY-ST-ZIP	ORMOND BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOESCH, CLARA	
STREET ADDRESS	9 KOALA BEAR PATH	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINKLER, BETTY L.	
STREET ADDRESS	41 INDIAN BEAR PATH	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNOWLES, GEORGE	
STREET ADDRESS	15 BEAR TOOTH PATH	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, JOE	
STREET ADDRESS	110 GRIZZLY BEAR PATH	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VISCOMI, ANTHONY	
STREET ADDRESS	137 THREE BEARS TRAIL	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: DATE: _____ DAYTIME PHONE #: (904)677-1913

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)