2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N09540 1. Entity Name



2007 8:00 am State

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ecretary of 3-21-2007 90030 046 **

	VATER CREEK HOMEOWN ATION, INC.	IERS CONDOMINIUI	M S		3-21-2007 90030 0-	40 01.2	J
Principal Place of Business 550 S.W. 115 AVE. SWEETWATER, FL 33174 Mailing Address 8299 CORAL WAY MIAMI, FL 33155					Bran Birn Birn bir	111 01 B 2 2001	
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc. Suite, Api		Suite, Apt. #, etc.		01152007 C	thg-NP CR2E	(12/06)	
City & State City & State			4. FEI Number 65-030572	23		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of S	itatus Desired	\$8.75 Add	fitional
-	-6: Name and Address of Current	Registered Agent		7. Name and Add	dress of New Registere	d Agent	
PROPERT	Y MANAGEMENT SERVICES	INC.	Name				
8299 COR MIAMI, FL			Street A	ddress (P.O. Box Number is	Not Acceptable)		
						T =: -	
			City		F		1
	named entity submits this statement folions of registered agent.	r the purpose of changing its	registered office or	registered agent, or both, in	the State of Florida. I a	m familiar with,	and accept
: 55ga.	one of registered agents						
SIGNATURE .							
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signatu	ure required when reinstating)	DATE		
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution.		nnaign Financing	AF 00	Maka aha	ck payable t	_	
	•			\$5.00 May Be Added to Fees		eartment of S	
10.	Due by May 1, 2007 OFFICERS AND DIS	Trust Fund C		Added to Fees		artment of S	tate
TITLE	OFFICERS AND DIE	Trust Fund C	11. TITLE	Added to Fees	Florida Dep	artment of S	tate
	Due by May 1, 2007 OFFICERS AND DIS	Trust Fund C	Contribution.	Added to Fees	Florida Dep	DIRECTORS IN	1 10
TITLE NAME	OFFICERS AND DIE PD DIAZ, ALEX	Trust Fund C	11. TITLE NAME	Added to Fees	Florida Dep	DIRECTORS IN	1 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007 OFFICERS AND DIF PD DIAZ, ALEX 500 SW 115 AVE APT D-5 MIAMI, FL 33174 VP	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florida Dep	DIRECTORS IN	1 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2007 OFFICERS AND DIF PD DIAZ, ALEX 500 SW 115 AVE APT D-5 MIAMI, FL 33174 VP PEREZ, CARLOS	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees	Florida Dep	DIRECTORS IN Change	1 10 ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2007 OFFICERS AND DIF PD DIAZ, ALEX 500 SW 115 AVE APT D-5 MIAMI, FL 33174 VP PEREZ, CARLOS 500 SW 115 AVE APT D-10 MIAMI, FL 33174 SD GARCIA, ROSA I	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees ADDITIONS/CHANG	Florida Dep GES TO OFFICERS AND	DIRECTORS IN Change	I 10 Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND DIF PD DIAZ, ALEX 500 SW 115 AVE APT D-5 MIAMI, FL 33174 VP PEREZ, CARLOS 500 SW 115 AVE APT D-10 MIAMI, FL 33174 SD GARCIA, ROSA I 550 SW 115 AVE	Trust Fund C	In the street address city-st-zip Title name street address street address	SD SDONJAMIN NO 8297 COTAL WILLIAM IN TO ROSA GARCIA	Florida Dep SES TO OFFICERS AND O	DIRECTORS IN Change	I 10 Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007 OFFICERS AND DIF PD DIAZ, ALEX 500 SW 115 AVE APT D-5 MIAMI, FL 33174 VP PEREZ, CARLOS 500 SW 115 AVE APT D-10 MIAMI, FL 33174 SD GARCIA, ROSA I 550 SW 115 AVE MIAMI, FL 33174 TD MASJUAREZ, NORIS	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADDITIONS/CHANG SD Benjamin He 8297 Coral W MI Ami ROSA Garcia 8359 Coral W	Florida Dep SES TO OFFICERS AND O	Change Change	Addition Addition Addition
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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. What all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

Davume Phone #