

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 12, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N95000003798**

1. Entity Name  
**VILLAS AT SPRING CREEK HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**1596 DERBY LANE  
MELBOURNE, FL 32935 US**

Mailing Address  
**1596 DERBY LANE  
MELBOURNE, FL 32935 US**



07092007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3326273**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KLAPROTH, ROBERT  
1620 DERBY RD  
MELBOURNE, FL 32935**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KLAPROTH, ROBERT  
STREET ADDRESS 1620 DERBY LANE  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE VP  
NAME KONRATH, STEVE  
STREET ADDRESS 3472 HORSE CREEK CIR  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE S  
NAME FEENEY-MARINO, PATRICIA  
STREET ADDRESS 1660 DERBY LN  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE T  
NAME PAXTON, BECKY  
STREET ADDRESS 3477 HORSE CREEK LN  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE D  
NAME WECKS, JACK  
STREET ADDRESS 1600 DERBY RD  
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE D  
NAME CARROLL, ED  
STREET ADDRESS 3447 HORSE CREEK CIR  
CITY-ST-ZIP MELBOURNE, FL 32935

U00000768332  
07/12/07-80004-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*R.C. Klapproth Jr.* **Robert C. Klapproth Jr.** 7-9-07 321-674-5761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #