

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005422

**FILED**  
**Feb 01, 2016**  
**Secretary of State**  
**CC9902551183**

**Entity Name:** SPRING CREEK PARENT TEACHER CORPORATION

**Current Principal Place of Business:**

25571 ELEMENTARY WAY  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

25571 ELEMENTARY WAY  
ATTN: SPRING CREEK P.T.O.  
BONITA SPRINGS, FL 34135 US

**FEI Number:** 61-3401047

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPRING CREEK ELEMENTARY  
25571 ELEMENTARY WAY  
BONITA SPRINGS, FL 34135 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CONTORNO, KAREN  
Address        25571 ELEMENTARY WAY  
                  ATTN: SPRING CREEK P.T.O.  
City-State-Zip: BONITA SPRINGS FL 34135

Title            SECRETARY  
Name            NERNEY, JILL  
Address        25571 ELEMENTARY WAY  
                  ATTN: SPRING CREEK P.T.O.  
City-State-Zip: BONITA SPRINGS FL 34135

Title            TREASURER  
Name            MANGANARO, NICOLE MICHELLE  
Address        25571 ELEMENTARY WAY  
                  ATTN: SPRING CREEK P.T.O.  
City-State-Zip: BONITA SPRINGS FL 34135

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICOLE MANGANARO

**TREASURER**

**02/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date