

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000005422

**FILED**  
**Jan 26, 2015**  
**Secretary of State**  
**CC4135939405**

**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           VP  
Name           MUCKELVANE, RACHAEL  
Address        25571 ELEMENTARY WAY  
City-State-Zip: BONITA SPRINGS FL 34135

Title           S  
Name           FISCHER, JENNY  
Address        25571 ELEMENTARY WAY  
City-State-Zip: BONITA SPRINGS FL 34135

Title           TREASURER  
Name           GARCIA, YAROSLABA  
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:** YAROSLABA GARCIA

**TREASURER**

**01/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date