

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010464

FILED
Jan 29, 2013
Secretary of State
CC8313338721

Entity Name: FOREST CREEK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1730 FOREST LAKE CIR. E.
UNIT 1
JACKSONVILLE, FL 32225

Current Mailing Address:

7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32256

FEI Number: 20-0451451

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS OF JACKSONVILLE
7400 BAYMEADOWS WAY
SUITE 317
JACKSONVILLE, FL 32225 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: NICHOLAS LAMBIASE

01/29/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name VATTER, MICHAEL E
Address 7400 BAYMEADOWS WAY, SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title PD
Name COOPER, PATRICIA
Address 7400 BAYMEADOWS WAY, SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name KUEHL, DANIEL
Address 7400 BAYMEADOWS WAY, SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title TD
Name COVIC, ALMA
Address 7400 BAYMEADOWS WAY, SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title SD
Name CATIC, MIRZA
Address 7400 BAYMEADOWS WAY, SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

Title VPD
Name CATIC, MIRZA
Address 7400 BAYMEADOWS WAY, SUITE 317
City-State-Zip: JACKSONVILLE FL 32256

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: PATRICIA COOPER

PD

01/29/2013

Electronic Signature of Signing Officer/Director Detail

Date