## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11966

Entity Name: BEAR CREEK MANUFACTURED HOMEOWNERS

ASSOCIATION, INC

**Current Principal Place of Business:** 

6 BEAR CREEK PATH ORMOND BEACH, FL 32174

**Current Mailing Address:** 

6 BEAR CREEK PATH

ORMOND BEACH, FL 32174 US

FEI Number: 59-2608119 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLMES, LEE 17 POLAR BEAR PATH ORMOND BEACH, FL 32174 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: LEE HOLMES 02/23/2015

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title D

Name HOLMES, LEE Name PRISCILLA, SANBORN Address 17 POLAR BEAR PATH Address 31 GRIZZLY BEAR PATH City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title Title Т

Name OWEN, RICHARD Name FERGUSON, BARRETT Address 12 GENTLE BEN PATH Address 8 GRIZZLY BEAR PATH City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title **SECRETARY** Title DIRECTOR Name BIGELOW, DEE Name ALLEN, DAVID Address 18 LIL CUB PATH 198 BEAR FOOT TRAIL

City-State-Zip: ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 City-State-Zip:

Title **DIRECTOR** 

Address

Name DANIELSON, JANICE Address 9 GOLDEN BEAR PATH ORMOND BEACH FL 32174 City-State-Zip:

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: LEE HOLMES Electronic Signature of Signing Officer/Director Detail

02/23/2015 **PRESIDENT** 

**FILED** Feb 23, 2015

**Secretary of State** 

CC2023792468

Date

Date