2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90038 014 ****61.25

DOCUMENT # 727185

1. Entity Name

POPPLETON CREEK CONDOMINIUM ASSOCIATION INC

Principal Place of Business	Mailing Address
950 COLORADO AVE CLUB HOUSE #2 STUART FL 34994	950 SO KANNER HWY CLUBHOUSE #2 STUART FL 34994

1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1489743 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSS, DEBORAH ESQ 759 S FEDERAL HWY STE 212 STUART FL 34994	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW: FEE IS $61.25 Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD NAME WEBB, JILL STREET ADDRESS 1945 19TH COURT CITY-ST-ZIP JUPITER FL 33477	☒ Delete	TITLE VP,D NAME Stanislaw, Jacqueline STREET ADDRESS 950 S. Kanner Hwy A-22 CITY-ST-ZIP Stuart, Fl 34994	☐ Change ☒ Addition
TITLE VD NAME SANBORN, GENE STREET ADDRESS 950 S KENNER HWY G-803 CITY-ST-ZIP STUART FL 34994	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition
TITLE TD NAME BOLT, WILLIAM STREET ADDRESS 950 S KANNER HWY #TH-7 CITY-ST-ZIP STUART FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME CREED, DURWOOD STREET ADDRESS 950 S KENNER HWY G-805 CITY-ST-ZIP STUART FL 34994	☐ Delete	TITLE S,D NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition
TITLE P NAME MACMASTER, DONNA STREET ADDRESS 950 S KANNER HWY # C-11 CITY-ST-ZIP STUART FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME FALZONE, ROSEANNE STREET ADDRESS 950 S KENNER HWY B-27 CITY-ST-ZIP STUART FL 34994	☑ Delete	TITLE D NAME Edwards, Kip STREET ADDRESS 950 S. Kanner Hwy #G-603 CITY-ST-ZIP Stuart, Fla 33494	☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William Bolt Treasurer 2/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #