

FILED

Apr 09, 2007 8:00 am
Secretary of State

03-28-2007 90001 042 *****8.75
04-09-2007 90097 030 *****52.50

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 727185

1. Entity Name
POPPLETON CREEK CONDOMINIUM ASSOCIATION INC



Principal Place of Business
950 COLORADO AVE
CLUB HOUSE #2
STUART, FL 34994

Mailing Address
950 SO KANNER HWY
CLUBHOUSE #2
STUART, FL 34994

40055221



DO NOT WRITE IN THIS SPACE

03102007 No Chg-NP CR2E037 (4/06)

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

ROSS, DEBORAH ESQ
759 S FEDERAL HWY
STE 212
STUART, FL 34994

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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 re-registering)

DATE

Filing Fee is \$81.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANISLAW, JACQUELINE 850 S KANNER HWY A-22 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANBORN, GENE 950 S KENNER HWY G-803 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAYSON, CAROL 950 S KANNER HWY TH-8 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D CREED, DURWOOD 950 S KENNER HWY G-805 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOUSNER, CHARLES 950 S KANNER HWY TH-128 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, KIP 950 S. KANNER WAY G-603 STUART, FL 34994

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Carol Layson Carol Layson Treasurer

Date

3/15/07

Daytime Phone #

772-286-4334