


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90027 046 \*\*\*\*61.25

|  |   |
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| <b>DOCUMENT # 744509</b><br>1. Entity Name<br>SPRING CREEK OWNERS' ASSOCIATION, INC. |  |
|--|---|

40110333



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|--|---|
| Principal Place of Business<br>1001 EAU GALLIE BLVD.<br>MELBOURNE, FL 32935 US | Mailing Address<br>1001 W EAU GALLIE<br>BOX 350<br>MELBOURNE, FL 32935 US |
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|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

07092008 Chg-NP CR2E037 (12/06)

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-1993740 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>EDWARDS, NORMA E<br>1001 W EAU GALLIE BLVD<br>UNIT 104<br>MELBOURNE, FL 32935 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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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 reinstating) DATE \_\_\_\_\_

|  |   |                                |  |
|--|---|--------------------------------|--|
| <b>Filing Fee is \$61.25<br/>Due by September 12, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|--|---|--------------------------------|--|

|  |  |   |   |
|--|--|---|---|
| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>LUCAS, JULIA<br>1001 W EAU GALLIE BLVD 119<br>MELBOURNE, FL 32935 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GWINETH, VIAPREE<br>1001 W EAU GALLIE BLVD 232<br>MELBOURNE, FL 32935 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DAVIS, SANDY<br>1001 W EAU GALLIE BLVD 136<br>MELBOURNE, FL 32935 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RANNEY, SHIRLEY<br>1001 W. EAU GALLIE B1 #107<br>MELBOURNE, FL 32935 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>WORRELL, CARLEENE<br>1001 W EAU GALLIE BLVD #214<br>MELBOURNE, FL 32935 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | TREASURER/DIRECTOR<br>MICHELLE RUNDRELLS<br>1001 W. EAU GALLIE BLVD, #209<br>MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>EDWARDS, NORUA E<br>1001 W ENU GALLIE BLVD.- UNIT 104<br>MELBOURNE, FL 32935 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PRESIDENT/DIRECTOR<br>NANDRA RAMNARINE<br>1001 W. EAU GALLIE BLVD, #213<br>MELBOURNE, FL 32935 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |

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: Nandra Ramnarine 7/10/08 (321) 698-3284  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #