

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754010** (7)
1. Corporation Name
BEAR CREEK ESTATES CIVIC ASSOCIATION, INC.



Principal Place of Business 10550 FAWN DRIVE NEW PORT RICHEY FL 34654 US	Mailing Address 10550 FAWN DRIVE NEW PORT RICHEY FL 34654-1406 US
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3. Date Incorporated or Qualified 09/02/1980	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2142306	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent RISTAU, BRENDA L 11121 CALUMET DR. NEW PT RICHEY FL 34654	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 10550 FAWN DR. 83 84 City New Port Richey FL 85 Zip Code 34654
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P SWEATLAND, FRANK	1.2 NAME	
STREET ADDRESS	10550 FAWN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP SWEATLAND, LEROY	2.2 NAME	HORST, SHELLY
STREET ADDRESS	11321 BRUIN DRIVE	2.3 STREET ADDRESS	10910 Calumet Dr.
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	New Port Richey, FL 34654
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S RISTAU, BRENDA L	3.2 NAME	Vicki Shoun
STREET ADDRESS	11121 CALUMET DR.	3.3 STREET ADDRESS	10651 JACAMAR DR.
CITY-ST-ZIP	NEW PT RICHEY FL	3.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34654
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D POPPA, ELEANOR	4.2 NAME	
STREET ADDRESS	10810 FAWN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SHOUN, VICKI	5.2 NAME	EVERLYN M Stemmer
STREET ADDRESS	10651 JACAMAR DRIVE	5.3 STREET ADDRESS	10928 Echo Loop
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	New Port Richey, FL 34654
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ROSNER, GEORGE	6.2 NAME	Nancy Sweatland
STREET ADDRESS	10800 FAWN DRIVE	6.3 STREET ADDRESS	10550 FAWN DR.
CITY-ST-ZIP	NEW PORT RICHEY FL	6.4 CITY-ST-ZIP	New Port Richey, FL 34654

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)