

FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754010** (7)

1. Corporation Name

**BEAR CREEK ESTATES CMIC ASSOCIATION, INC.**



Principal Place of Business  <b>10550 FAWN DRIVE NEW PORT RICHEY FL 34654 US</b>	Mailing Address  <b>10550 FAWN DRIVE NEW PORT RICHEY FL 34654 US</b>
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3. Date Incorporated or Qualified <b>09/02/1980</b>
4. FEI Number <b>59-2142306</b>
Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>RISTAU, BRENDA L 10550 FAWN DR. NEW PORT RICHEY FL 34654</b>	

10. Name and Address of New Registered Agent	
81 Name <b>SHOUN, VICKI</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>10651 JACAMAR DRIVE</b>	
83	
84 City <b>New Port Richey</b> <b>FL</b>	85 Zip Code <b>34654</b>

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 *Vicki Shoun* **2/24/98**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>P SWEATLAND, FRANK</b>
STREET ADDRESS	<b>10550 FAWN DR</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VP HURST, SHELLY</b>
STREET ADDRESS	<b>10910 CALUMET DR.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S SHOUN, VICKI</b> <i>Leave</i>
STREET ADDRESS	<b>10651 JACAMAR DR.</b>
CITY-ST-ZIP	<b>NEW PT RICHEY FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D POPPA, ELEANOR</b>
STREET ADDRESS	<b>10810 FAWN DR</b>
CITY-ST-ZIP	<b>NEW PT RICHEY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D STEMMER, EVEYN M</b>
STREET ADDRESS	<b>10928 ECHO LOOP</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SWEATLAND, NANCY</b>
STREET ADDRESS	<b>10550 FAWN DR.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Director Shoun, Richard</b>
4.3 STREET ADDRESS	<b>10651 JACAMAR DR.</b>
4.4 CITY-ST-ZIP	<b>New Port Richey, FL 34654</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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.

SIGNATURE: *Vicki Shoun* **2/9/98** **83 851091090**

CR2E037 (10/97)