

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90019 008 \*\*\*\*70.00

**DOCUMENT # 754728**

1. Entity Name -  
**SPRING CREEK VILLAGE HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**3591 FOWLER ST  
P.O. BOX 6966  
FT MYERS, FL 33911**

Mailing Address  
**3591 FOWLER ST  
P.O. BOX 6966  
FT MYERS, FL 33911**

**34020010**



2. Principal Place of Business  
**8359 BEACON BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 6966**  
Suite, Apt. #, etc.

02272004 Chg-NP CR2E037 (10/03)

City & State  
**FORT MYERS, FL**

City & State  
**FORT MYERS**

4. FEI Number  
**53-1314736**

Applied For  
Not Applicable

Zip  
**33907**

Country

Zip  
**33911**

Country

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

**6. Name and Address of Current Registered Agent**

**FOX, ALLAN  
3591 FOWLER ST.  
FT MYERS, FL 33901**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**8359 BEACON BLVD**

City  
**FORT MEYRS**

FL Zip Code  
**33907**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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**

TITLE PD ☐ Delete  
NAME **CRONIN, THOMAS R**  
STREET ADDRESS **1910 VIRGINIA AVENUE**  
CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE STD ☐ Delete  
NAME **WALTCHACK, DENNIS**  
STREET ADDRESS **5800 PARK ROAD**  
CITY-ST-ZIP **FT. MYERS, FL**

TITLE D ☐ Delete  
NAME **TROJAN, ERICA E**  
STREET ADDRESS **100 CARDINAL DRIVE**  
CITY-ST-ZIP **N FT MYERS, FL 33917**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Erica E. Trojan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ERICA E. TROJAN**

**2/27/04**

**239-936-888**

Date

Daytime Phone #