

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # 758723 (1)
1. Corporation Name
BASS CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
**2907 CORMORANT RD
DELRAY BCH. FL 33444
US** **2907 CORMORANT RD
DELRAY, BCH. FL 33444-3335
US**

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/11/1981 | | 3a. Date of Last Report 05/30/1996 | |
| 21 2913 CORMORANT ROAD | | 26 2913 CORMORANT ROAD | | 4. FEI Number NOT APPLICABLE | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 City & State DELRAY BEACH, FLORIDA | | 27 City & State DELRAY BEACH, FLORIDA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23 Zip 33444 | | 28 Zip 33444 | | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 24 Country USA | | 29 Country USA | | | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent TRENTO, TOM 2907 CORMORANT RD DELRAY BEACH FL 33444 | | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 Name PAUL DITTMANN | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 2913 CORMORANT ROAD | | | |
| | | | | 83 | | | |
| | | | | 84 City DELRAY BEACH FL 85 Zip Code 33444 | | | |

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 *Paul Z. Dittmann* **PAUL Z. DITTMANN, PRESIDENT** **4/14/97**
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 | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | PRESIDENT - D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TRENTO, TOM | | | 1.2 NAME | PAUL DITTMANN | | |
| STREET ADDRESS | 2907 CORMORANT RD | | | 1.3 STREET ADDRESS | 2913 CORMORANT ROAD | | |
| CITY-ST-ZIP | DELRAY BCH. FL | | | 1.4 CITY-ST-ZIP | DELRAY BEACH FL 33444 | | |
| TITLE | VD | <input type="checkbox"/> DELETE | | 2.1 TITLE | VICE - PRESIDENT - D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROSETTI, RICH | | | 2.2 NAME | ROBIN BIRD | | |
| STREET ADDRESS | 3030 PHOEBE LN | | | 2.3 STREET ADDRESS | 1700 CORMORANT ROADS. | | |
| CITY-ST-ZIP | DELRAY BEACH FL | | | 2.4 CITY-ST-ZIP | DELRAY BEACH, FL 33444 | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | 3.1 TITLE | TREASURER | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | AARON, HELEN | | | 3.2 NAME | HELEN AARON | | |
| STREET ADDRESS | 1508 CORMORANT RD. S. | | | 3.3 STREET ADDRESS | 1508 CORMORANT ROAD S. | | |
| CITY-ST-ZIP | DELRAY BEACH FL | | | 3.4 CITY-ST-ZIP | DELRAY BEACH, FL 33444 | | |
| TITLE | S | <input type="checkbox"/> DELETE | | 4.1 TITLE | SECRETARY - D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | BIRD, ROBIN | | | 4.2 NAME | BLAKE MCGOWEN | | |
| STREET ADDRESS | 1300 CORMORANT RD S | | | 4.3 STREET ADDRESS | 1511 CORMORANT ROADS. | | |
| CITY-ST-ZIP | DELRAY BCH FL | | | 4.4 CITY-ST-ZIP | DELRAY BEACH, FL 33444 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

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.

SIGNATURE: *Paul Z. Dittmann* **REQUIRED** **4/14/97** **(561) 279-2300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043106

CR2E037 (9/96)