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03-30-1999 90020 034 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **767322**

1. Corporation Name
BEAR CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ENERGY PROPERTY MANAGEMENT P.O. BOX 950455 LAKE MARY FL 32795-0455	C/O ENERGY PROPERTY MANAGEMENT P.O. BOX 950455 LAKE MARY FL 32795-0455

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 165 West State Road 434	26 P.O. Box 950455	03/07/1983
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2348047 ☐ Applied For ☐ Not Applicable
23 City & State: Winter Springs, FL	28 City & State: Lake Mary, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip: 32708 25 Country: USA	29 Zip: 32795-0455 30 Country: USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ENERGY PROPERTY MANAGEMENT SERVICES INC
165 WEST STATE ROAD 434
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name: EPM SERVICES, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 165 West State Road 434
83
84 City: Winter Springs **FL** 85 Zip Code: 32708

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 Anne H Russell Anne H Russell Pres EPM Services Inc 3/26/99
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	VPD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GRANWOOD, ROGER		1.2 NAME	GREENWOOD, ROGER	
STREET ADDRESS	737 BEAR CREEK CIR		1.3 STREET ADDRESS	737 BEAR CREEK CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☐ Change ☒ Addition
NAME	SIMMONS, MARK		2.2 NAME	MULVEY, JIM	
STREET ADDRESS	744 BEAR CREEK CIR		2.3 STREET ADDRESS	759 BEAR CREK CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL		2.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D	☐ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	SUIKA, WALTER		3.2 NAME	SUIKA, WALTER	
STREET ADDRESS	749 BEAR CREEK CIR		3.3 STREET ADDRESS	749 BEAR CREEK CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL		3.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	WILKINSON, JEAN		4.2 NAME	WILKINSON, JOAN	
STREET ADDRESS	743 BEAR CREEK CIR		4.3 STREET ADDRESS	743 BEAR CREEK CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL		4.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCWHERTOR, PEG		5.2 NAME		
STREET ADDRESS	731 BEAR CREEK CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/22/99 (407)327-5824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #