

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 30, 2006 8:00 am
Secretary of State

04-11-2006 90099 027 ****61.25

DOCUMENT # 767322

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



Principal Place of Business
165 WEST STATE ROAD 434
WINTER SPRINGS, FL 32708

Mailing Address
P.O. BOX 915322
WINTER SPRINGS, FL 32791-5322 US

66021089



2. Principal Place of Business

3. Mailing Address

P.O. Box 197043

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212006 Chg-NP CR2E037 (11/05)

City & State

City & State

Winter Springs FL

4. FEI Number
59-2348047

Applied For
Not Applicable

Zip

Country

Zip

Country

32719

US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL ASSOC. MGMT. CO.
165 WEST STATE ROAD 434
WINTER SPRINGS, FL 32708

Name Palmerston LLC

Street Address (P.O. Box Number is Not Acceptable)

165 W. State Rd 434

City

Winter Springs

FL

Zip Code

32708

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]

Rakesh Sharma, President

6/19/06

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, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ROUDI, JOSEPH ☐ Delete
STREET ADDRESS 771 BEAR CREEK CIR.
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE D ☐ Change ☒ Addition
NAME BASS, J. Michael
STREET ADDRESS 776 Bear Creek Circle
CITY-ST-ZIP Winter Springs, FL 32708

TITLE D ☒ Delete
NAME ARNOLD, ARTHUR K
STREET ADDRESS 750 BEAR CREEK CIRCLE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

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

TITLE TD ☐ Delete
NAME LACEY, CHARLES
STREET ADDRESS 733 BEAR CREEK CIR.
CITY-ST-ZIP WINTER SPRINGS, FL 32708

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

TITLE SD ☐ Delete
NAME SIVANESEN, RENUKA
STREET ADDRESS 765 BEAR CREEK CIRCLE
CITY-ST-ZIP WINTER SPRINGS, FL 32708

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

TITLE VD ☐ Delete
NAME DOWD, MICHAEL
STREET ADDRESS 742 BEAR CREEK CIR.
CITY-ST-ZIP WINTER SPRINGS, FL 32708

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 exemptions contained in Chapter 119, 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: *[Signature]* Joe Roudi, President 6/19/06 407-359-3956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #