2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767322

1. Entity Name

BEAR CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.



FILED Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 90065 032 ****61.25

						W. LLS					
Principal Place of Business			Mailii	Mailing Address			1				
165 WEST STATE ROAD 434 WINTER SPRINGS FL 32708			P.O. BOX 915322 WINTER SPRINGS FL 32791-5322 US								
2. Principal Place of Business				iling Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-2348047 Applied For Not Applicable				
Zip Country			Zi	p	Country		5. Certificate of Status Desired See Required				
6. Name and Address of Current F				Registered Agent			7. Name and Address of New Registered Agent				
				Name						-	
NATIONAL ASSOC. MGMT. CO. 165 WEST STATE ROAD 434				St			et Address (P.O. Box Number is Not Acceptable)				
WINTER SPRINGS FL 32708					City				_ ∎ Zip Cod	Α	
									- -		
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.											
•				11000	21	0	1	5/.	1/13	1	
SIGNATURE Marc Blun - Res. 3/12/08 Signature, typed of printed frame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to											
FILE NOW: FEE IS \$61.25			Trust Fund Contribution.			\$5.00 May Be Added to Fees		partment of S			
10.	1	OFFICERS AND DIR	ECTORS	}	11.		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10	
TITLE	VD ROUDI, JOS	renu		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	771 BEAR (NAME STREET ADDRESS					Ì	
CITY-ST-ZIP	1	RINGS FL 32708			CITY-ST-ZIP						
TITLE	SD			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	BROOKS, R				NAME					[
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STREET ADDRESS		CREEK CIRCLE			STREET ADDRESS						
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NAME STREET ADDRESS					NAME STREET ADDRESS						
CITY-ST-ZIP					CITY-ST-ZIP						
	-										

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: \

407-327-5824