

ANNUAL REPORT
1985

Department of State
BUREAU OF CORPORATIONS

95 APR 19 AM 8:16

DOCUMENT # **N00892** (2)
1. Corporation Name
FOREST CREEK VILLAS CONDOMINIUM ASSOCIATION, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**10888 LEITNER CREEK DR
UNIT 148
BONITA SPRINGS FL 33923**

Mailing Address
**10888 LEITNER CREEK DR
UNIT 148
BONITA SPRINGS FL 33923**

3. Date Incorporated or Qualified: **01/13/1984** 3a. Date of Last Report: **04/26/1994**

4. FEI Number: **59-2397321** Applied For: Not Applicable:

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

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21
2a. Mailing Address
26

Suite, Apt. #, etc.
22
27

City & State
23
28

Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**COOK, MILDRED
10930 LEITNER CREEK DRIVE, #123
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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 607.0505, Florida Statutes.

SIGNATURE: **MILDRED COOK TREAS.** *Mildred L. Cook* 4-15-95
Signature, typed or printed name of registered agent and 199 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORRIS, PAUL
STREET ADDRESS	8815 W 104TH ST.
CITY-ST-ZIP	OVERLAND KS
TITLE	VD
NAME	MCCARRON, CLARENCE
STREET ADDRESS	27121 FOREST CREEK DRIVE, #103
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	SD
NAME	HINES, BERTRAM
STREET ADDRESS	10961 LEITNER CREEK DRIVE, #117
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	TD
NAME	COOK, MILDRED
STREET ADDRESS	10930 LEITNER CREEK DRIVE
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	D
NAME	WYSZECKI, FRITZ V
STREET ADDRESS	10953 LEITNER CREEK DRIVE, #121
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Mildred L. Cook* MILDRED L. COOK 4-15-95 413-947-1870
Signature and typed or printed name of signing officer or director Date Daytime Phone #