

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



Principal Place of Business  
**10968 LEITNER CREEK DR  
UNIT 148  
BONITA SPRINGS FL 33923**

Mailing Address  
**10968 LEITNER CREEK DR  
UNIT 148  
BONITA SPRINGS FL 33923**

3. Date Incorporated or Qualified **01/13/1984** 3a. Date of Last Report **04/19/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		<b>59-2397321</b>	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24			29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**COOK, MILDRED  
10939 LEITNER CREEK DRIVE, #123  
BONITA SPRINGS FL 33923**

**10. Name and Address of New Registered Agent**

81	Name	<b>Donald Burke</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>10855 Leitner Creek Dr, #135</b>
83		
84	City	<b>Bonita Springs</b>
	State	<b>FL</b>
85	Zip Code	<b>33923</b>

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 **Donald Burke, Treasurer** *Donald Burke Treas.* **3-19-95**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MORRIS, PAUL</b>	
STREET ADDRESS	<b>8815 W 104TH ST.</b>	
CITY-ST-ZIP	<b>OVERLAND KS</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MCCARRON, CLARENCE</b>	
STREET ADDRESS	<b>27121 FOREST CREEK DRIVE #103</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>HIMES, BERTRAM</b>	
STREET ADDRESS	<b>10981 LEITNER CREEK DRIVE, #117</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>COOK, MILDRED</b>	
STREET ADDRESS	<b>10939 LEITNER CREEK DRIVE</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WYSZECKI, FRITZ V</b>	
STREET ADDRESS	<b>10953 LEITNER CREEK DRIVE, #121</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
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	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Bertram Himes</b>
2.3 STREET ADDRESS	<b>10981 Leitner Creek Dr #117</b>
2.4 CITY-ST-ZIP	<b>Bonita Springs FL 33923</b>
3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Sarah Coates</b>
3.3 STREET ADDRESS	<b>10830 Leitner Creek Dr #140</b>
3.4 CITY-ST-ZIP	<b>Bonita Springs FL 33923</b>
4.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Donald Burke</b>
4.3 STREET ADDRESS	<b>10855 Leitner Creek Dr #135</b>
4.4 CITY-ST-ZIP	<b>Bonita Springs FL 33923</b>
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)(k), 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: **Donald Burke, Treasurer** *Donald Burke Treas.* **641)495-059**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)