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FILED
May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
10968 LEITNER CREEK DR UNIT 148 BONITA SPRINGS FL 33923
10968 LEITNER CREEK DR UNIT 148 BONITA SPRINGS FL 34135-5868

3. Date Incorporated or Qualified 01/13/1984
3a. Date of Last Report 03/25/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

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

9. Name and Address of Current Registered Agent
BURKE, DONALD
19855 LEITNER CREEK DR. #135
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent
81 Name Dorothy Pedersen
82 Street Address (P.O. Box Number is Not Acceptable) 10841 Leitner Creek Dr #136
83
84 City Bonita Springs FL 85 Zip Code 34135

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME MORRIS, PAUL	
STREET ADDRESS 8815 W 104TH ST.	
CITY-ST-ZIP OVERLAND KS	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME HIMES, BERTRAM	
STREET ADDRESS 10981 LEITNER CREEK DR. #117	
CITY-ST-ZIP BONITA SPRINGS FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME COATES, SARAH	
STREET ADDRESS 10830 LEITNER CREEK DR. #140	
CITY-ST-ZIP BONITA SPRINGS FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME BURKE, DONALD	
STREET ADDRESS 10855 LEITNER CREEK DR. #135	
CITY-ST-ZIP BONITA SPRINGS FL	
TITLE D	<input type="checkbox"/> DELETE
NAME WYSZECKI, FRITZ V	
STREET ADDRESS 10953 LEITNER CREEK DRIVE, #121	
CITY-ST-ZIP BONITA SPRINGS FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Coates, Sarah	
1.3 STREET ADDRESS 10830 Leitner Creek Dr #140	
1.4 CITY-ST-ZIP Bonita Springs, FL 34135	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Von Wyszecski, Fritz	
2.3 STREET ADDRESS 10953 Leitner Creek Dr #121	
2.4 CITY-ST-ZIP Bonita Springs, FL 34135	
3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Seaman, Valma	
3.3 STREET ADDRESS 10897 Leitner Creek Dr #129	
3.4 CITY-ST-ZIP Bonita Springs, FL 34135	
4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Pedersen, Dorothy	
4.3 STREET ADDRESS 10841 Leitner Creek Dr #136	
4.4 CITY-ST-ZIP Bonita Springs, FL 34135	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Mariotti, Mary	
5.3 STREET ADDRESS 10939 Leitner Creek Dr #122	
5.4 CITY-ST-ZIP Bonita Springs, FL 34135	
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 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.

DOROTHY J. PEDERSEN

CR2E037 (9/96)