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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N00892

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/13/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2397321

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEDERSEN, DOROTHY
 10841 LEITHNER CREEK DR #136
 BONITA SPRINGS FL 34135

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 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	PEDERSEN, DOROTHY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	10841 LEITHNER CREEK DRIVE #136	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	1.4 CITY-ST-ZIP	
PD	DESMARIS, GEORGE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	10883 LEITNER CREEK DRIVE #130	2.1 TITLE	2.2 NAME
CITY-ST-ZIP	BONITA SPRINGS FL 34135	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
PD	COATES, SARAH	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	10830 LEITNER CREEK DR. #140	3.1 TITLE	3.2 NAME
CITY-ST-ZIP	BONITA SPRINGS FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TD	BURKE, DONALD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	10855 LEITNER CREEK DR. #135	4.1 TITLE	4.2 NAME
CITY-ST-ZIP	BONITA SPRINGS FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
PD	WYSZECKI, FRITZ V	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	10953 LEITNER CREEK DRIVE, #121	5.1 TITLE	5.2 NAME
CITY-ST-ZIP	BONITA SPRINGS FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered

SIGNATURE:

SARAH COATES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 (941)495-7169
 Date Daytime Phone #

CR2E037 (11/98)