

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90037 014 ****61.25



DOCUMENT # N00892
 1. Entity Name
FOREST CREEK VILLAS CONDOMINIUM ASSOCIATION, INC.

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

20031387

1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
 59-2397321 Not Applicable

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

6. Name and Address of Current Registered Agent
COOK, MILDRED L
 10939 LEITNER CREEK DR #123
 BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent
 Name **ELSIE UMSCHIED**
 Street Address (P.O. Box Number is Not Acceptable) **10855 LEITNER CREEK DR. #134**
 City **BONITA SPRINGS, FL** Zip Code **34135**

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.
 SIGNATURE Elsie Umscheid, Treas. DATE 4-8-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURKE, DONALD 10855 LEITNER CREEK DR, #135 BONITA SPRINGS FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOK, MILDRED L 10939 LEITNER CREEK DR #123 BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CAROLYN J 10827 LEITNER CREEK DR, #139 BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TROUP, EVAR 27110 MATHISON AVE BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENGEL, ROBERT 10939 LEITNER DR #122 BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROUP, EVAR 27110 MATHISON AVE., #110 BONITA SPRINGS FL 34135 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. ELSIE UMSCHIED 10855 LEITNER CREEK DR. #134 BONITA SPGS, FL. 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPY PATTY MARTIN 10870 LEITNER CREEK DR. #144 BONITA SPGS, FL. 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. SARAH CORTES 10830 LEITNER CREEK DR. #140 BONITA SPGS, FL. 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. GEORGE WAYSON JR 10841 LEITNER CREEK DR. #137 BONITA SPGS, FL. 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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: Elsie Umscheid, Treas. Date (239) 947-0917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #