

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90080 038 ****61.25

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01062006 Chg-NP CR2E037 (11/05)

DOCUMENT # N00892					
1. Entity Name FOREST CREEK VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10968 LEITNER CREEK DR UNIT 148 BONITA SPRINGS, FL 34135		Mailing Address 10968 LEITNER CREEK DR UNIT 148 BONITA SPRINGS, FL 34135			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2397321	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
UMSEHEIO, ELSIE 10855 LEITNER CREEK DR # 134 BONITA SPRINGS, FL 34135			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 <i>Elsie Umscheid</i> Treasurer			DATE 4-19-06		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURKE, DONALD 10855 LEITNER CREEK DR, #135 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR EUGENE SMITH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10995 LEITNER CREEK DR # 114 BONITA SPGS., FL. 34135		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T UMSCHEID, ELSIE 10855 LEITNER CREEK DR, # 134 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, PATTY 10570 LEITNER CREEK DR, # 144 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIANE PETERSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27131 FOREST CREEK DR # 102 BONITA SPGS., FL. 34135		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COATES, SARAH 10830 LEITNER CREEK DR, # 140 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAYSON, GEORGE JR 10841 LEITNER CREEK DR, # 137 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROUP, EVAR 27110 MATHISON AVE., #110 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	← DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Sarah Coates (President)</i>			Date 4/15/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		