


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90032 041 \*\*\*\*61.25

**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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

6. Name and Address of Current Registered Agent  
**UMSCHEID, ELSIE  
 10855 LEITNER CREEK DR  
 # 134  
 BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent  
 Name  
**WILLIAM FLEIG**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10925 LEITNER CREEK DR. # 124**  
 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 *William Fleig* DATE **4/1/08**

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

Filing Fee is **\$61.25**  
 Due by **May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SMITH, EUGENE 10995 LEITNER CREEK DR #114 BONITA SPRINGS, FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T UMSCHEID, ELSIE 10855 LEITNER CREEK DR, # 134 BONITA SPRINGS, FL 34135</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T WM. FLEIG 10925 LEITNER CREEK DR # 124 BONITA Spgs., FL. 34135</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PETERJOHN, DIANE 27131 FOREST CREEK DR #102 BONITA SPRINGS, FL 34135</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NANCY PEDERSEN/LYNN HASS LYNNI HASS 27102 TIGER ST N.W ZIMMERMAN, MN 55398-4038</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP BRITZ, JUDY 10850 LEIRNER CREEK DR 143 BONITA SPRINGS, FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BODIN, ALVIN 10863 LEITNER CREEK DR 130 BONITA SPRINGS, FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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 the empowered.

SIGNATURE: *William J Fleig* **William J Fleig** DATE **4/1/08** (239) 498-9836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40059534



01042008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-2397321** Applied For  Not Applicable

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