

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001289

FILED
Jan 28, 2009
Secretary of State

Entity Name: BAY CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O PELICAN LANDING COMMUNITY ASSOC.
24501 WALDEN CENTER DR.
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

C/O PELICAN LANDING COMMUNITY ASSOC.
2220 I AND C BLVD
NAPLES, FL 34109

New Mailing Address:

FEI Number: 33-1113598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCVAY, MARY
3720 BAY CREEK DR.
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

C & L MANAGEMENT SERVICES
2220 J AND C BLVD
SUITE 1
NAPLES, FL 34109 US

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.

SIGNATURE: ROBERT P TITUS

01/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCVAY, MARY
Address: 3720 BAY CREEK DR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: POLLACK, FREDDA
Address: 3680 BAY CREEK DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: PETERSON, DON
Address: 3620 BAY CREEK DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: RICE, PHILLIP
Address: 3713 BAY CREEK DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: SCHWANDT, DICK
Address: 3630 BAY CREEK DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY MCVAY

D

01/28/2009

Electronic Signature of Signing Officer or Director

Date