

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002696

FILED  
Mar 07, 2012  
Secretary of State

**Entity Name:** SPRING CREEK VILLAGE AMENITIES CORPORATION, INC.

**Current Principal Place of Business:**

C/O INTEGRATED PROPERTY MANAGEMENT  
5020 TAMiami TR NORTH, STE 206  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

C/O INTEGRATED PROPERTY MANAGEMENT  
5020 TAMiami TR NORTH, STE 206  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 20-2864705

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INTEGRATED PROPERTY MGMT, INC.  
5020 TAMiami TR NORTH  
STE 206  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

GOEDE & ADAMCZYK, PLLC  
8950 FONTANA DEL SOL WAY  
SUITE 100  
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: MARK ADAMCZYK

03/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FERREIRA, RICHARD  
Address: 24993 WINDWARD BLVD  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DP  
Name: BROWN, GARY  
Address: 4688 PAGO PAGO LANE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DT  
Name: KELLY, JIM  
Address: 4705 LAHAINA LANE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DVP  
Name: REDDICK, JUDY  
Address: 24872 WINDWARD BLVD.  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D  
Name: PEARSON, PHIL  
Address: 4681 PAGO PAGO LANE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DS  
Name: TITUS, DIANE  
Address: 24865 WINDWARD BLVD.  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby 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 all other like empowered.

SIGNATURE: JIM KELLY

DT

03/07/2012

Electronic Signature of Signing Officer or Director

Date