

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


4/1

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90106 001 \*\*\*\*61.25

**DOCUMENT # N05000010775**

1. Entity Name  
**FOREST CREEK COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**8210 LAKEWOOD RANCH BLVD.  
 BRADENTON, FL 34202**

Mailing Address  
**8210 LAKEWOOD RANCH BLVD.  
 BRADENTON, FL 34202**

66011572



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

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

03032006 Chg-NP GR2E037 (11/05)

4. FEI Number  
**20-4473779**  
**20-443779**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**VOGLER ASHTON, PLLC  
 1001 3RD AVENUE WEST, STE. 420  
 BRADENTON, FL 34205**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	<b>P</b> <b>SCHIER, JAMES R</b> <b>8210 LAKEWOOD RANCH BLVD.</b> <b>BRADENTON, FL 34202</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/T</b> <b>SCHIER, JAMES R</b> <b>8210 LAKEWOOD RANCH BLVD.</b> <b>BRADENTON, FL 34202</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V/P</b> <b>JOHN A. NEAL</b> <b>8210 Lakewood Ranch Blvd</b> <b>Bradenton FL 34202</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/S</b> <b>Priscilla G Heim</b> <b>8210 Lakewood Ranch Blvd</b> <b>Bradenton FL 34202</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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 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: Priscilla G Heim James R Schier  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/19/06 3/8/06 9/13/06  
Date

Daytime Phone: 943281034  
Daytime Phone