


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90012 037 ****70.00

DOCUMENT # N11966 1. Entity Name BEAR CREEK MANUFACTURED HOMEOWNERS ASSOCIATION, INC					
Principal Place of Business 6 BEAR CREEK PATH ORMOND BEACH, FL 32174			Mailing Address 6 BEAR CREEK PATH ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LYKE, HAROLD 106 BEAR CREEK PATH ORMOND BEACH, FL 32174				Name Patricia Behnke Street Address (P.O. Box Number is Not Acceptable) 15 MALAYAN SUN BEAR City ORMOND BEACH FL 32174	
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: Patricia Behnke President 2/18/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE	P	LYKE, HAROLD	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYKE, HAROLD		NAME	Patricia Behnke	
STREET ADDRESS	1069 BEAR CREEK PATH		STREET ADDRESS	15 MALAYAN SUN BEAR	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNETT, ROBERT		NAME		
STREET ADDRESS	131 BEAR CREEK PATH		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, VALERI		NAME	BARBARA Johnson	
STREET ADDRESS	116 BEAR CREEK PATH		STREET ADDRESS	31 GRIZZLY BEAR PATH	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOLEY, ARLINE		NAME		
STREET ADDRESS	128 BEAR CREEK PATH		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FANNELL, LEE		NAME		
STREET ADDRESS	182 BEAR FOOT TRAIL		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZALEZSAK, TIBOR		NAME		
STREET ADDRESS	44 GRIZZLY BEAR PATH		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP		
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: Barbara L Johnson 02/18/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 3866822648 <small>Daytime Phone #</small>					

40022838



02132007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2608119

Applied For
Not Applicable

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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	P	LYKE, HAROLD
NAME	LYKE, HAROLD	
STREET ADDRESS	1069 BEAR CREEK PATH	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	V	<input type="checkbox"/> Delete
NAME	BARNETT, ROBERT	
STREET ADDRESS	131 BEAR CREEK PATH	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, VALERI	
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CITY-ST-ZIP	ORMOND BEACH, FL 32174	
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CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZALEZSAK, TIBOR	
STREET ADDRESS	44 GRIZZLY BEAR PATH	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Behnke	
STREET ADDRESS	15 MALAYAN SUN BEAR	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA Johnson	
STREET ADDRESS	31 GRIZZLY BEAR PATH	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE: **Barbara L Johnson** **02/18/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3866822648
Daytime Phone #