
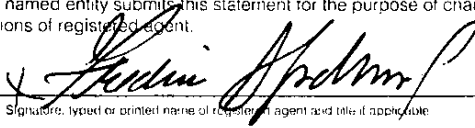


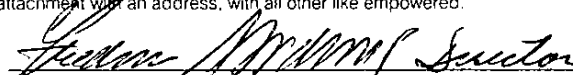
# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 31, 2007 8:00 am**  
**Secretary of State**

07-31-2007 90008 043 \*\*\*\*61.25

<b>DOCUMENT # N19425</b>					
1. Entity Name <b>BASSETT CREEK NORTH HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>310 SW OCEAN BLVD STUART FL 34994</b>			Mailing Address <b>310 SW OCEAN BLVD STUART FL 34994</b>		
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	4. FEI Number <b>55-0816493</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COXE, ECKLEY 2 BASSETT CREEK TRAIL NORTH HOBE SOUND FL 33455</b>			7. Name and Address of New Registered Agent Name <b>Frederick G. Sundheim Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>310 SW OCEAN Blvd.</b> City <b>Stuart</b> FL Zip Code <b>34994</b>		
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 <b>7/26/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By September 5, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COXE, ECKLEY</b>		NAME		
STREET ADDRESS	<b>2 BASSETT CREEK TRAIL</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>HOBE SOUND FL 33455</b>		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TILGHMAN, GEORGE</b>		NAME		
STREET ADDRESS	<b>4 BASSETT CREEK TRAIL</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>HOBE SOUND FL 33455</b>		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SUNDHEIM, FREDERICK G JR</b>		NAME		
STREET ADDRESS	<b>310 SW OCEAN BLVD</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>STUART FL 34994</b>		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: 

7/26/07