2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20051

FILED Apr 19, 2009 Secretary of State

Entity Name: PROPERTY OWNERS ASSOCIATION OF BEAR CREEK, INC.

Current Principal Place of Business:	New Principal Place of Business:

P O BOX 355 POA OF BEAR CREEK

GOLDENROD, FL 32733 US US GOLDENROD, FL 32733

Current Mailing Address: New Mailing Address:

P O BOX 355

GOLDENROD, FL 32733 US

FEI Number: 59-2829938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MCDONALD, ANDREW 2652 CREEKVIEW CIR OVIEDO, FL 32765

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:

Name:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete

(X) Change () Addition

PERSON, LISA LOCKCUFF, KIPTON Name:

2512 CREEKVIEW CIRCLE Address: 2671 CREEKVIEW CIRCLE Address:

City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

Title: Title: () Delete (X) Change () Addition

MCDONALD, ANDREW Name: FLINT, TOM Name: Address: 2652 CREEKVIEW Address: 2773 REGAL LANE City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

Title: () Delete Title: (X) Change () Addition

SPRADLIN, SUE CHAPMAN, DAN Name: Name: 2506 CREEKVIEW CIR 2578 CREEKVIEW CIR Address: Address:

City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

Title: () Delete Title: (X) Change () Addition Name: BOUTIN, RHEETA Name: SPRADLIN, SUE

2506 CREEKVIEW CIR Address: 2635 CREEKVIEW CIR Address: City-St-Zip: OVIEDO, FL 32765 City-St-Zip: OVIEDO, FL 32765

Title: () Delete Title: () Change (X) Addition

LOCKCUFF, KIPTON D Name: Name: 2512 CREKVIEW CIRCLE Address: Address: City-St-Zip: City-St-Zip: OVIEDO, FL 32765

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: KIPTON LOCKCUFF **VP** 04/19/2009