
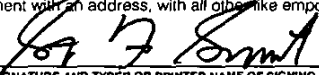


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90082 031 ****61.25

DOCUMENT # N21680					
1. Entity Name BEAR CREEK PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 500962 MALABAR, FL 32950-0962			Mailing Address P.O. BOX 500962 MALABAR, FL 32950-0962		
2. Principal Place of Business			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	
SMITH, STEPHEN F 4151 ROSEWOOD AVENUE MALABAR, FL 32950				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNERS, TOM		NAME		
STREET ADDRESS	1743 GREYTWIG PLACE		STREET ADDRESS		
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, STEPHEN		NAME		
STREET ADDRESS	4151 ROSEWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARSHALL, CHRIS		NAME	D	
STREET ADDRESS	1753 GREYTWIG PLACE		STREET ADDRESS		
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEELER, BOB		NAME		
STREET ADDRESS	4131 ROSEWOOD AVE		STREET ADDRESS		
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLACY, COLIN		NAME	S/D David Harding	
STREET ADDRESS	4171 ROSEWOOD AVE		STREET ADDRESS	4170 Rosewood Avenue	
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP	Malabar FL 32950	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FALLON, KEN		NAME	D Tom Phillips	
STREET ADDRESS	1733 GREYTWIG PLACE		STREET ADDRESS	4150 Rosewood Avenue	
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP	Malabar FL 32950	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Date: March 10, 2005		Daytime Phone #: 321 729 7488	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



03092005 Chg-NP CR2E037 (10/03)

4. FEI Number 58-2836281 Applied For Not Applicable

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