


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

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90072 010 \*\*\*\*61.25

<b>DOCUMENT # N21680</b>					
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	4. FEI Number 58-2836281	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 Meyer, Sleighton F. Street Address (P.O. Box Number is Not Acceptable) 4161 Rosewood Avenue City Valkaria FL Zip Code 32950	
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 <i>Stephen F. Meyer</i> Sleighton F. Meyer, Treasurer April 14, 2006 <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, 2006		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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNERS, TOM		NAME	Joyner, Christian	
STREET ADDRESS	1743 GREYTWIG PLACE		STREET ADDRESS	4181 Rosewood Ave.	
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP	Malabar, FL 32950	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, STEPHEN		NAME	Meyer, Sleighton	
STREET ADDRESS	4151 ROSEWOOD AVE		STREET ADDRESS	4161 Rosewood Ave.	
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP	Valkaria, FL 32950	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, CHRIS		NAME		
STREET ADDRESS	1753 GREYTWIG PLACE		STREET ADDRESS		
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEELER, BOB		NAME	Rowe, Boyd	
STREET ADDRESS	4131 ROSEWOOD AVE		STREET ADDRESS	1721 Flamevine Place	
CITY-ST-ZIP	MALABAR, FL 32950		CITY-ST-ZIP	Malabar, FL 32950	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDING, DAVID		NAME		
STREET ADDRESS	4170 ROSEWOOD AVENUE		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	PHILLIPS, TOM		NAME		
STREET ADDRESS	4150 ROSEWOOD AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MALABAR, FL 32950		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: <i>Stephen F. Meyer</i> Sleighton F. Meyer, Treasurer April 14, 2006 321-984-9357 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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