


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

4000000

<b>DOCUMENT # N21680</b>		04-18-2006 90072 010 ****61.25	
1. Entity Name <b>BEAR CREEK PROPERTY OWNERS ASSOCIATION, INC.</b>			
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 <u>Meyer, Sleighton F.</u> Street Address (P.O. Box Number is Not Acceptable) <u>4161 Rosewood Avenue</u> City <u>Valkaria</u> <u>FL</u> Zip Code <u>32950</u>	
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 <u>Sleighton F. Meyer</u> Signature, typed or printed name of registered agent and title if applicable.		TREASURER <u>Sleighton F. Meyer</u> (NOTE: Registered Agent signature required when reinstating)	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNERS, TOM 1743 GREYTWIG PLACE MALABAR, FL 32950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joyner, Christian 4181 Rosewood Ave. Malabar, FL 32950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, STEPHEN 4151 ROSEWOOD AVE MALABAR, FL 32950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Meyer, Sleighton 4161 Rosewood Ave. Valkaria, FL 32950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARSHALL, CHRIS 1753 GREYTWIG PLACE MALABAR, FL 32950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEELER, BOB 4131 ROSEWOOD AVE MALABAR, FL 32950 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rowe, Boyd 1721 Flamevine Place Malabar, FL 32950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARDING, DAVID 4170 ROSEWOOD AVENUE MALABAR, FL 32950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, TOM 4150 ROSEWOOD AVENUE MALABAR, FL 32950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Sleighton F. Meyer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>April 14, 2006</u> 321-984-9357 Date Daytime Phone #	