


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90009 018 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03262007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
58-2836281

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent
**MEYER, SLEIGHTON F
 4161 ROSEWOOD AVENUE
 VALKARIA, FL 32950**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
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	TD MEYER, SLEIGHTON 4161 ROSEWOOD AVE VALKARIA, FL 32950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARSHALL, CHRIS 1753 GREYTWIG PLACE MALABAR, FL 32950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, BOYD 1721 FLAMEVINE PL MALABAR, FL 32950 <input checked="" type="checkbox"/> Delete
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	D PHILLIPS, TOM 4150 ROSEWOOD AVENUE MALABAR, FL 32950 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ValKaria <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Change title + city only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition No changes or deletions
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ValKaria <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition change title + city only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lundberg, Susan 4140 Rosewood Ave. ValKaria, FL 32950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition New secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ValKaria, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition change title + city only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ValKaria, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition change title and city only

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: Sleighton F. Meyer, Treasurer Date: March 26, 2007 Daytime Phone #: 321-727-6514