
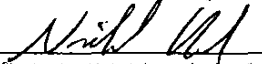
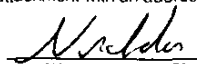


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90026 009 ****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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
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 MEYER, SLEIGHTON F 4161 ROSEWOOD AVENUE VALKARIA, FL 32950		7. Name and Address of New Registered Agent Name NICKOLAS REED Street Address (P.O. Box Number is Not Acceptable) 4180 ROSEWOOD AVENUE City MALABAR 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  NICKOLAS REED		DATE 3/10/08		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D CONNERS, TOM 1743 GREYTWIG PLACE VALKARIA, FL 32950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICKOLAS REED, NICKOLAS 4180 ROSEWOOD AVENUE VALKARIA, FL 32950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEYER, SLEIGHTON 4161 ROSEWOOD AVE VALKARIA, FL 32950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYER, MANDY 4161 ROSEWOOD AVE VALKARIA, FL 32950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSHALL, CHRIS 1753 GREYTWIG PLACE VALKARIA, FL 32950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPP, FRED 4191 ROSEWOOD AVE VALKARIA, FL 32950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUNDBERG, SUSAN 4140 ROSEWOOD AVE VALKARIA, 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 HARDING, DAVID 4170 ROSEWOOD AVENUE VALKARIA, FL 32950	<input checked="" 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	VD PHILLIPS, TOM 4150 ROSEWOOD AVENUE VALKARIA, 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:  NICKOLAS REED/T		DATE 3/10/08		Daytime Phone #	