

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21680

FILED
Jan 05, 2009
Secretary of State

Entity Name: BEAR CREEK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 500962
MALABAR, FL 329500962

New Principal Place of Business:

4180 ROSEWOOD AVENUE
MALABAR, FL 329500962

Current Mailing Address:

P.O. BOX 500962
MALABAR, FL 329500962

New Mailing Address:

FEI Number: 58-2836281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, NICKOLAS
4180 ROSEWOOD AVE
MALABAR, FL 32950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONNERS, TOM
Address: 1743 GREYTWIG PLACE
City-St-Zip: VALKARIA, FL 32950

Title: TD () Delete
Name: REED, NICKOLAS
Address: 4180 ROSEWOOD AVE
City-St-Zip: MALABAR, FL 32950

Title: PD () Delete
Name: MEYER, MANDY
Address: 4161 ROSEWOOD AVE
City-St-Zip: MALABAR, FL 32950

Title: SD () Delete
Name: LUNDBERG, SUSAN
Address: 4140 ROSEWOOD AVE
City-St-Zip: VALKARIA, FL 32950

Title: D () Delete
Name: EPP, FRED
Address: 4191 ROSEWOOD AVE
City-St-Zip: MALABAR, FL 32950

Title: VD () Delete
Name: PHILLIPS, TOM
Address: 4150 ROSEWOOD AVENUE
City-St-Zip: VALKARIA, FL 32950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MEYER, MANDY
Address: 4161 ROSEWOOD AVE
City-St-Zip: MALABAR, FL 32950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: PHILLIPS, TOM
Address: 4150 ROSEWOOD AVENUE
City-St-Zip: VALKARIA, FL 32950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICKOLAS G. REED

TD

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date