


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90038 021 \*\*\*\*61.25

<b>DOCUMENT # N24914</b> 1. Entity Name POLEY CREEK COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 6832 POLEY CREEK DR W LAKELAND, FL 33811 US			Mailing Address P.O. BOX 6304 LAKELAND, FL 33807 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2957110	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KLEMM, RUSSELL E 1065 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEENE, CINDY 6802 POLEY CREEK DR. E LAKELAND, FL 33811		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SACHS, CATHY 6624 POLEY CREEK DRIVE WEST LAKELAND, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AVEYARD, LINDA 6816 POLEY CREEK DR. E LAKELAND, FL 33811		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEAST, STEPHANIE 6617 POLEY CREEK DR W. LAKELAND, FL 33811		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT DIRECTOR PEART, STEPHANIE 6617 POLEY CREEK DR W LAKELAND, FL 33811	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, DEBBIE 6832 POLEY CREEK DR. W LAKELAND, FL 33811		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIAL, BOB 6833 POLEY CREEK DR. E LAKELAND, FL 33811		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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Catherine Sachs / Catherine Sada</u> <u>3/9/05</u> <u>963 646-4350</u>					