


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90018 017 ****61.25

DOCUMENT # N24914 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEENE, CINDY	NAME			
STREET ADDRESS	6802 POLEY CREEK DR. E	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33811	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SACHS, CATHY	NAME			
STREET ADDRESS	6624 POLEY CREEK DRIVE WEST	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AVEYARD, LINDA	NAME			
STREET ADDRESS	6816 POLEY CREEK DR. E	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33811	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEART, STEPHANIE	NAME			
STREET ADDRESS	6617 POLEY CREEK DR W.	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33811	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRIS, DEBBIE	NAME			
STREET ADDRESS	6832 POLEY CREEK DR. W	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33811	CITY-ST-ZIP			
TITLE	D' <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIAL, BOB	NAME			
STREET ADDRESS	6833 POLEY CREEK DR. E	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33811	CITY-ST-ZIP			
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: _____		Date _____ Daytime Phone # 863 646-4350			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					