## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2008 8:00 am Secretary of State

DOCUMENT # N24914  1. Entity Name POLEY CREEK COMMUNITY ASSOCIATION, INC.					05-05-2008 90226 0					****6	01.25
Principal Place 6832 POLEY LAKELAND, F	CREEK DR W	Mailing Address P.O. BOX 6304 LAKELAND, FL 33807	US			*** **** *** / ***		11211 <b>6</b> 101 61011	AIDEL BIBIE QUE	14 BIBSI BIBI	IIIEI EL 1881
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address		· <b></b>							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			0	4252008	Chg-NP	CI	R2E037 (1	12/06)	
City & State		City & State			4. FEI Num 59-29					<del></del>	pplied For at Applicable
Zip	Country	Zip	Cou	intry	5.	Certificate	of Status De	sired [		75 Add Required	
	6. Name and Address of Current	Registered Agent			7.	Name and	Address of	New Regis	tered Ager	nt	
KIEMM R	USSELL E			Name	Mike S	henefi	eld				
KLEMM, RUSSELL E 1065 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751				Street Ad	ddress (P.O. 5 Pole	Box Numbe	er is Not Acc				
	1			La	keland	,					
				City	Tabala				FL	Zip Code	<del></del>
	named entity submits this statement foi ions of registered agent.	r the purpose of changing its	registere		Lakela r registered a		h, in the Stat	e of Florida		338 fiar with,	
											L L
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signali.	ure required when	reinstating)			DATE		
SIGNATURE .	Signature, typed or printed name of registered agent.  Filling Fee is \$61.25  Due by May 1, 2008	9. Election Cam Trust Fund C	npaign F	inancing	\$5	reinstating) .00 May B	e		DATE  check pa  Departme		
SIGNATURE .	Filing Fee is \$61.25	9. Election Cam Trust Fund C	npaign F	inancing	□ \$5 Add	.00 May B	e ANGES TO C	Florida	check pa Departme	nt of St	tate
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10. TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2008  OFFICERS AND DIF  VD  KEENE, CINDY  6802 POLEY CREEK DR. E	9. Election Cam Trust Fund C  RECTORS  Delete	npaign F Contributi  11.  ITLE NAM STRE CITY TITLE NAM STRE	E E E ADDRESS - ST-ZIP	S5 Add	.00 May B led to Fees TIONS/CH.	ANGES TO C	Florida	check pa Departme  ND DIREC	TORS IN Change	10  MAddition
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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:

Muleus Lloud Hyllis Sharp signature and typed or printed name of signing officer or orector

4/28/08/ 863-646-8700