
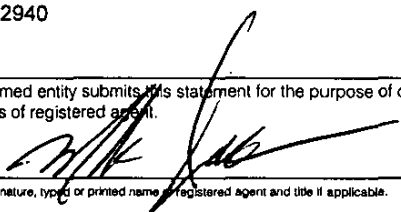



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90008 012 ****61.25

DOCUMENT # N35558 1. Entity Name SIX MILE CREEK SUBDIVISION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 645 CLASSIC COURT SUITE 104 VIERA, FL 32940 US			Mailing Address 645 CLASSIC COURT SUITE 104 VIERA, FL 32940 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-2989010	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent KUEPPERS, CAROL 645 CLASSIC COURT SUITE 104 VIERA, FL 32940	
Zip		Country		7. Name and Address of New Registered Agent Name _____ Street A Space Coast Property Management 645 Classic Court Suite #104 City Melbourne, FL 32940 Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.					
SIGNATURE  MARK SACKOW 2/9/2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD REYNOLDS, WILLIAM J 2023 THESY DRIVE VIERA, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY JANE DELAURENTIS 2008 THESY DR MELBOURNE FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAL FRANKENFIELD, DONNA 1913 JACQUES DR VIERA, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATHY BOGUS 1941 FABIEN CIR MELBOURNE FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V PRES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KUEPPERS, CAROL 645 CLASSIC COURT SUITE 104 VIERA, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEOFFREY STABB 1938 FABIEN CIR MELBOURNE FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIR AT LARGE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LUCAS, JOAN 2100 LIONEL DRIVE VIERA, FL 32940	<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	<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	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Jan. 15, 2007 321-242-8165 <small>Date Daytime Phone #</small>					

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01042007 Chg-NP CR2E037 (12/06)