

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35558

FILED
Jan 22, 2009
Secretary of State

Entity Name: SIX MILE CREEK SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

645 CLASSIC COURT
SUITE 104
VIERA, FL 32940 US

New Principal Place of Business:

645 CLASSIC COURT
SUITE 104
MELBOURNE, FL 32940 US

Current Mailing Address:

645 CLASSIC COURT
SUITE 104
VIERA, FL 32940 US

New Mailing Address:

645 CLASSIC COURT
SUITE 104
MELBOURNE, FL 32940 US

FEI Number: 59-2989010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPACE COAST PROPERTY MANAGEMENT
645 CLASSIC COURT
SUITE 104
VIERA, FL 32940 US

Name and Address of New Registered Agent:

SPACE COAST PROPERTY MANAGEMENT
645 CLASSIC COURT
SUITE 104
MELBOURNE, FL 32940 US

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: KEVIN MARRS

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUCAS, JOAN
Address: 2100 LIONEL DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: VP () Delete
Name: COLLIER, PAUL
Address: 2027 THESY DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: D () Delete
Name: ROBERTSON, JOSEPH
Address: 1952 JACQUES DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOAN LUCAS

P

01/22/2009

Electronic Signature of Signing Officer or Director

Date