

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90074 044 \*\*\*\*61.25

**DOCUMENT # N95000001767**

1. Entity Name  
**MANATEE CREEK HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
P.O. BOX 1644  
PORT SALERNO, FL 34992 US

Mailing Address  
P.O. BOX 1644  
PORT SALERNO, FL 34992 US

**50021207**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
65-0538572

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, DEBORAH ESQ.  
759 S. FEDERAL HWY  
STE 212  
STUART, FL 34994

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☒ Delete  
NAME KISSELL, JERRELL  
STREET ADDRESS 5632 SE MITZI LANE  
CITY-ST-ZIP STUART, FL 34997

TITLE V.P. ☒ Change ☐ Addition  
NAME Steve Feder  
STREET ADDRESS 5632 S.E. MITZILN  
CITY-ST-ZIP Stuart, FL 33497

TITLE S ☒ Delete  
NAME KISSELL, JUDY  
STREET ADDRESS 5632 SE MITZI LANE  
CITY-ST-ZIP STUART, FL 34997

TITLE T ☒ Change ☐ Addition  
NAME Pamela Prevatt  
STREET ADDRESS 5632 S.E. MITZILN  
CITY-ST-ZIP Stuart FL 34997

TITLE D ☐ Delete  
NAME EVERNHAM, FRANK  
STREET ADDRESS 5597 SE KATHERINE  
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME SCOTT, GERALD  
STREET ADDRESS 5279 SE DELL DR.  
CITY-ST-ZIP STUART, FL 34997

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RESCH, KRIS  
STREET ADDRESS 5160 SE DELL DR.  
CITY-ST-ZIP STUART, FL 34997

TITLE S ☒ Change ☐ Addition  
NAME Resch, Kris  
STREET ADDRESS 5160 SE DELL DR  
CITY-ST-ZIP Stuart FL 34997

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:**

*Pamela L Prevatt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/29/05*  
Date

Daytime Phone #