


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90016 012 \*\*\*\*61.25

DOCUMENT # N95000001767					
1. Entity Name <b>MANATEE CREEK HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business P.O. BOX 1644 PORT SALERNO FL 34992 US			Mailing Address P.O. BOX 1644 PORT SALERNO FL 34992 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0538572</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROSS, DEBORAH ESQ. 759 S. FEDERAL HWY STE 212 STUART FL 34994</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	VP FEDER, STEVE 5632 SE MITZI LANE STUART FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	"P" Feder, Steve 5632 SE mitzi lane Stuart, FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T PREVAH, PAMELA 5632 SE MITZI LANE STUART FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	"VP" Prevah, Pamela 5632 SE mitzi lane Stuart, FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D EVERNHAM, FRANK 5597 SE KATHERINE STUART FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	"S" Kissell, Judy 15562 SW 15th Terr. Miami, FL 33194	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D SCOTT, GERALD 5279 SE DELL DR. STUART FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	"T" Tippett, John 5584 SE Katharine Ave Stuart, FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S RESEN, KRIS 5160 SE DELL DR. STUART FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	"D" Kissell, Jerry 15562 SW 15th Terr. Miami, FL 33194	<input type="checkbox"/> Change <input checked="" 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 Section 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:** John H. Tippett - John H. Tippett "T" **3/18/07** (113) 220-6832  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #