


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90059 014 ****61.25

DOCUMENT # N95000003798					
1. Entity Name VILLAS AT SPRING CREEK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1596 DERBY LANE MELBOURNE FL 32935 US			Mailing Address 1596 DERBY LANE MELBOURNE FL 32935 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3326273	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARROLL, EDWARD T 3447 HORSE CREEK CIRCLE MELBOURNE FL 32935			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		Zip Code
FL			FL		
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 <i>Edward T Carroll</i>		(NOTE Registered Agent signature required when reinstating)		DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENDRON, JAMES		NAME		
STREET ADDRESS	1591 DERBY LANE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAPROTH, ROBERT		NAME		
STREET ADDRESS	1620 DERBY LANE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMBROWSKI, DOROTHY A		NAME	FEENEY-MARINO, PATRICIA	
STREET ADDRESS	1641 DERBY LANE		STREET ADDRESS	1660 DERBY LANE	
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, FRED		NAME	KAUFMAN, SHERYL	
STREET ADDRESS	1630 DERBY LANE		STREET ADDRESS	3462 HORSE CREEK CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, JACK		NAME		
STREET ADDRESS	3456 HORSECREEK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMBROWSKI, THOMAS		NAME	FONGEALLAZ, WILLIAM	
STREET ADDRESS	1641 DERBY LN.		STREET ADDRESS	3455 HORSE CREEK CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935		CITY-ST-ZIP	MELBOURNE, FL 32935	
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: <i>William Fongeallaz</i> (William Fongeallaz) 3/19/05 (321) 752-6091					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E037 (10/04)