

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90004 027 ****80.00

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08072006 Chg-NP CR2E037 (4/06)

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|--|-------------------------|---|--|---|--|
| 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 | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3326273 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CARROLL, EDWARD T - Robert + Klaproth 3447 HORSE CREEK CIRCLE MELBOURNE, FL 32935 1620 DERBY RD MELBOURNE FL 32935 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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>R.C. Klaproth Jr</i> <small>Signature, typed or printed name of registered agent and title if applicable</small> | | <small>(NOTE: Registered Agent signature required when reinstating)</small> | | DATE 8-7-06 | |
| Filing Fee is \$61.25 Due by September 6, 2006 | | 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 checked="" type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GENDRON, JAMES | | NAME | Klaproth, Robert | |
| STREET ADDRESS | 1591 DERBY LANE | | STREET ADDRESS | 1620 Derby Lane | |
| CITY-ST-ZIP | MELBOURNE, FL 32935 | | CITY-ST-ZIP | Melbourne, FL 32935 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | VP STEVE KUNRATH | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KLAPROTH, ROBERT | | NAME | 3472 HORSE CREEK CIR | |
| STREET ADDRESS | 1620 DERBY LANE | | STREET ADDRESS | MELBOURNE FL 32935 | |
| CITY-ST-ZIP | MELBOURNE, FL 32935 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FEENEY-MARINO, PATRICIA | | NAME | | |
| STREET ADDRESS | 1660 DERBY LN | | STREET ADDRESS | | |
| CITY-ST-ZIP | MELBOURNE, FL 32935 | | CITY-ST-ZIP | | |
| TITLE | TRES | <input checked="" type="checkbox"/> Delete | TITLE | T BECKY PAXTON | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KAUFMAN, SHERYL | | NAME | 3477 HORSE CREEK CIR | |
| STREET ADDRESS | 3462 HORSE CREEK CIR | | STREET ADDRESS | MELBOURNE FL 32935 | |
| CITY-ST-ZIP | MELBOURNE, FL 32935 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D JACK WEEKS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GOODWIN, JACK | | NAME | 1600 DERBY RD | |
| STREET ADDRESS | 3456 HORSECREEK CIRCLE | | STREET ADDRESS | MELBOURNE FL 32935 | |
| CITY-ST-ZIP | MELBOURNE, FL 32935 | | CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | D Ed Carroll | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FONGEALLAZ, WILLIAM | | NAME | 3447 HORSECREEK CIR | |
| STREET ADDRESS | 3455 HORSE CREEK CIR | | STREET ADDRESS | MELBOURNE FL 32935 | |
| CITY-ST-ZIP | MELBOURNE, FL 32935 | | CITY-ST-ZIP | | |
| 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: <i>R.C. Klaproth Jr</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 8-7-06 | | Daytime Phone # 321-674-5761 | |