2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000003798

1. Entity Name
VILLAS AT SPRING CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1596 DERBY LANE MELBOURNE, FL 32935 US	1596 DERBY LANE MELBOURNE, FL 32935 US

07092007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3326273
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KLAPROTH, ROBERT
1620 DERBY RD
MELBOURNE, FL 32935

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KLAPROTH, ROBERT
STREET ADDRESS	1620 DERBY LANE
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	VP
NAME	KONRATH, STEVE
STREET ADDRESS	3472 HORSE CREEK CIR
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	S
NAME	FEENEY-MARINO, PATRICIA
STREET ADDRESS	1660 DERBY LN
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	T
NAME	PAXTON, BECKY
STREET ADDRESS	3477 HORSE CREEK LN
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	D
NAME	WECKS, JACK
STREET ADDRESS	1600 DERBY RD
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	D
NAME	CARROLL, ED
STREET ADDRESS	3447 HORSE CREEK CIR
CITY-ST-ZIP	MELBOURNE, FL 32935

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07/12/07-80004-009 61.25

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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: R.C. Robert C. Klaproth Jr. 7-9-07 321-674-5761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #