
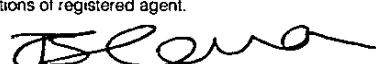
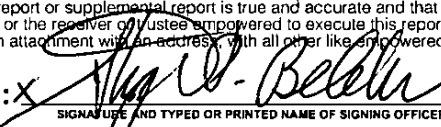


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90046 001 ****61.25

DOCUMENT # N96000000367 1. Entity Name SPRING CREEK EAST PROPERTY OWNERS ASSOCIATION, INC.																																																																																						
Principal Place of Business 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135 US			Mailing Address 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135 US																																																																																			
2. Principal Place of Business		3. Mailing Address																																																																																				
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																				
City & State		City & State																																																																																				
Zip	Country	Zip	Country	01102006 Chg-NP CR2E037 (11/05)																																																																																		
4. FEI Number 65-0764929				Applied For <input type="checkbox"/> Not Applicable																																																																																		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																		
6. Name and Address of Current Registered Agent BACHMAN, ROBERT 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name JOHN O'GORMAN Street Address (P.O. Box Number is Not Acceptable) 40 STERLING PROPERTY SERVICES 27800 OLD 41 ROAD City BONITA SPRING FL Zip Code 34135																																																																																			
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE 1/26/06																																																																																			
Filing Fee is \$61.25 Due by May 1, 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																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>SD NOVINS, JESSICA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>25071 CHAMBER OF COMMERCE DR. BONITA SPRINGS, FL 34135</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>VD WHEELER, JOSEPH</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>13525 BELL TOWER DR FORT MYERS, FL 33907</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PD - BLECHER, STEPHEN</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>8899 TIMBERWILDE DR., SUITE 1 BONITA SPRINGS, FL 34135</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>VD DENNIS CARFARO</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>26910 SOUTH BAY DRIVE BONITA SPRING, FL 34134</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	SD NOVINS, JESSICA		CITY-ST-ZIP	25071 CHAMBER OF COMMERCE DR. BONITA SPRINGS, FL 34135		TITLE	NAME	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	VD WHEELER, JOSEPH		CITY-ST-ZIP	13525 BELL TOWER DR FORT MYERS, FL 33907		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	PD - BLECHER, STEPHEN		CITY-ST-ZIP	8899 TIMBERWILDE DR., SUITE 1 BONITA SPRINGS, FL 34135		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS	VD DENNIS CARFARO		CITY-ST-ZIP	26910 SOUTH BAY DRIVE BONITA SPRING, FL 34134		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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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:  1/26/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																						