

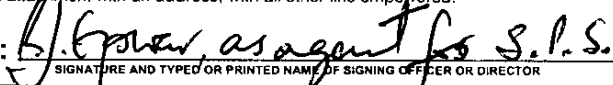


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90248 010 ****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 - No P.O. Box # 27180 BAYLANDING DRIVE Suite, Apt. #, etc. SUITE 4 City & State BONITA SPRINGS, FL 34135 Zip Country		3. Mailing Address 27180 BAYLANDING DRIVE Suite, Apt. #, etc. SUITE 4 City & State BONITA SPRINGS, FL 34135 Zip Country	
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 O'GORMAN, JOHN C/O STERLING PROPERTY SERVICES 27800 OLD 41 RD 27180 BAYLANDING DR. #4 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) 27180 BAYLANDING DRIVE, SUITE 4. City BONITA SPRINGS 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  DATE 4/20/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	SD VAVREK, PAT 25071 CHAMBER OF COMMERCE DR BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARFARO, DENNIS 26910 S BAY DR BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLECHER, STEPHEN 8899 TIMBERWILDE DR., SUITE 1 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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
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
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 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: 		Date 3:19:08 Daytime Phone #	