2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90028 023 ****61.25

DOCUMENT # N98000001904

1. Entity Name

FOREST CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3115 DIXIE HIGHWAY PALM BAY FL 32905	3115 DIXIE HIGHWAY PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
760 NORTH DR	SAME
Suite, Apt. #, etc.: Suite D	Suite, Apt. #, etc.
City & State: Melbourne FL	City & State
Zip: 32934 Country	Zip Country

4. FEI Number 59-3507187 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PENCE, ROY J
3115 DIXIE HYW, N.E.
PALM BEACH FL 32905

7. Name and Address of New Registered Agent

Name: PATRICIA THELANDER WALLER
Street Address (P.O. Box Number is Not Acceptable): 760 North Drive Suite D
City: Melbourne FL Zip Code: 32934

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.

SIGNATURE: Patricia Thelander Waller 4-26-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENCE, ROY J P.O. BOX 87 PALM BAY FL 32906	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEFFERIES, BENJAMIN E 1050 HOLLOW BROOK LANE MALABAR FL 32950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, RONALD W 544 PONDEROSA ST. W MELBOURNE FL 32904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/00)

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: SIGNATURE REQUIRED 4/23/01 321-952-2474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #