2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28, 2004 8:00 am Secretary of State DOCUMENT # N98000001904 1. Entity Name 04-28-2004 90213 027 ****61.25 FOREST CREEK HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address PO BOX 100130 PO BOX 100130 PALM BAY FL 32910 PALM BAY FL 32910 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-3507187 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAYSIDE MANAGEMENT SERVICES Street Address (P.O. Box Number is Not Acceptable) MARIE THIBUDEAUX 515 WILLOW OAK CT NE PALM BAY FL 32907 3 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D TITLE Change ☐ Addition THEF ☐ Delete WHARTON, DAVE NAME NAME 3113 FOREST CREEK DRIVE STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP FID TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUSSEY, DEE IRUIN, Jim NAME NAME 3103 FOREST CREEK DR 130 Sping OAK M. STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP Melboure Fl 32901 ☐ Delete Addition TITLE TITLE HOLLOWAY, ANTHONY MALMICHCEL, BOD 1180 Spring OAK BT NAME NAME 800 SPRING OAK DR STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP Melhure, Re Change ✓ Addition Delete TITLE TITLE MA thews, Bob 434 Brown Ave. KLEIN, WILLIAM NAME NAME 903 SPRING OAK DR STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 32901 CITY-ST-7IP Melbourn, RC CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TATLE CHMIELEWSKI, MICHAEL NAME NAME 1160 SPRING OAK DR STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete CROPPER, ROBERT NAME NAME 1163 SPRING OAK DR STREET ADDRESS STREET ADDRESS MELBOURNE FL 32901 CITY-ST-ZIP CITY-ST-ZIP 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 ampowered 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 attantment of the receiver or trustee ampowered.

FILED

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