

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90040 014 \*\*\*\*61.25

**DOCUMENT # N98000001904**

1. Entity Name

FOREST CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

PO BOX 100130  
PALM BAY FL 32910

Mailing Address

PO BOX 100130  
PALM BAY FL 32910



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

BAYSIDE MANAGEMENT SERVICES  
MARIE THIBODEAUX  
515 WILLOW OAK CT NE  
PALM BAY FL 32907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHARTON, DAVE	
STREET ADDRESS	3113 FOREST CREEK DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARMICHAEL, ROBERT	
STREET ADDRESS	1180 SPRING OAK DR	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHANNON, SHEA	
STREET ADDRESS	820 SPRING OAK N	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	IRVIN, JIM	
STREET ADDRESS	730 SPRING OAK DR.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHMIELEWSKI, MICHAEL	
STREET ADDRESS	1160 SPRING OAK DR	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABBASSI, ROBERT	
STREET ADDRESS	3002 MARSHALL DR	
CITY-ST-ZIP	MELBOURNE FL 32901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AKEES, Doug	
STREET ADDRESS	871 WOODCREEK DR.	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wicks, Mary	
STREET ADDRESS	710 SPRING OAK DR.	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hussey, John	
STREET ADDRESS	3030 FOREST CREEK DR.	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bowen, Bill	
STREET ADDRESS	951 WOODCREEK DR.	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Robert A. Bowen*

2/17/06

723-7640