

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 23, 2009**  
**Secretary of State**

DOCUMENT# N98000001904

**Entity Name:** FOREST CREEK HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3908 GARDENWOOD CIR  
GRANT, FL 32949**New Principal Place of Business:**1331 BEDFORD DR.  
103  
MELBOURNE, FL 32940**Current Mailing Address:**PO BOX 100130  
PALM BAY, FL 32910**New Mailing Address:**1331 BEDFORD DR.  
103  
MELBOURNE, FL 32940**FEI Number:** 59-3507187**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BAYSIDE MANAGEMENT SERVICES  
MARIE THIBODEAUX  
3908 GARDENWOOD CIRCLE  
GRANT, FL 32949 US**Name and Address of New Registered Agent:**FAIRWAY MANAGEMENT  
1331 BEDFORD DR.  
103  
MELBOURNE, FL 32940 US

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: RICHARD L. WHITMAN

10/23/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WASHOCK, MILLI  
Address: 1143 SPRING OAK DRIVE  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: WICKS, MAX  
Address: 710 SPRING OAK DR  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: HUSSEY, JOHN  
Address: 3030 FOREST CREEK DR  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: BRUNO, JIM  
Address: 830 SPRING OAK DRIVE  
City-St-Zip: MELBOURNE, FL 32901

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CHMIELEWSKI, MICHAEL  
Address: 1169 SPRING OAK DR.  
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILLI WASHOCK

P

10/23/2009

Electronic Signature of Signing Officer or Director

Date