

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000002484

1. Entity Name
FOREST CREEK PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**4521 N WICKHAM RD.
101
MELBOURNE, FL 32935**

Mailing Address
**4521 N WICKHAM RD.
101
MELBOURNE, FL 32935**



07072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3620505

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHROPP, THEODORE
4521 N WICKHAM
#101
MELBOURNE, FL 32935**

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IN THIS SPACE**

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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHROPP, THEODORE
STREET ADDRESS 4521 N WICKHAM RD., #101
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE TD
NAME SCHROPP, THEODORE
STREET ADDRESS 4521 N WICKHAM RD
CITY-ST-ZIP MELBOURNE, FL 32935

TITLE D
NAME ARMSTRONG, DAVID
STREET ADDRESS 7350-A TALONA DR.
CITY-ST-ZIP W. MELBOURNE, FL 32903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000371713
07/11/05-80001-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Theodore G Schropp **Theodore G Schropp** 7/7/05 321 255-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #