


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000002484 1. Entity Name FOREST CREEK PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 4521 N WICKHAM RD. 101 MELBOURNE, FL 32935	Mailing Address 4521 N WICKHAM RD. 101 MELBOURNE, FL 32935
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03072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3620505	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHROPP, THEODORE 4521 N WICKHAM #101 MELBOURNE, FL 32935

**DO NOT WRITE
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 	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U000000469663 03/27/06-80009-016 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SCHROPP, THEODORE 4521 N WICKHAM RD., #101 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHROPP, THEODORE 4551 N WICKHAM RD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, DAVID 7350-A TALONA DR. 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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: 	Date: 3/13/06	Daytime Phone #: 321 255-2700
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