

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N21177** (3)

1. Corporation Name
BEAR ISLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 900 E. INDIANTOWN RD., STE 210, P.O. BOX 3522, TEQUESTA FL 33469
Mailing Address: 900 E. INDIANTOWN RD., STE 210, P.O. BOX 3522, TEQUESTA FL 33469

3. Date Incorporated or Qualified: **06/17/1987**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2814223**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MESCHES, LARRY M
THE ESPERANTE BUILDING
222 LAKEVIEW AVENUE, SUITE 260
W. PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CRONIN, JOEL S.	
STREET ADDRESS	1360 WILDERNESS RD.	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NIELSEN, RANDY	
STREET ADDRESS	2770 MEADOWLARK LANE	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MITTLEMAN, DAVID	
STREET ADDRESS	2735 MEADOWLARK LANE	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOODLEY, SANDRA	
STREET ADDRESS	1225 BEAR ISLAND DRIVE	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MEINE, JOHN	
STREET ADDRESS	1165 GATOR TRAIL	
CITY-ST-ZIP	W. PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CRONIN, JOEL	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra Woodley* **SANDRA WOODLEY** 4/24/96 (407) 640-6246
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (12/95)