

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # N21177

1. Entity Name
BEAR ISLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1601 FORUM PL
701
WEST PALM BEACH, FL 33401**

Mailing Address
**P.O. BOX 220805
WEST PALM BEACH, FL 33422**

DO NOT WRITE IN THIS SPACE

03132007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2814223

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ST. JOHN, DAVID PA
1601 FORUM PL
STE 701
WEST PALM BEACH, FL 33401**

**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 _____

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

(NOTE: Registered Agent signature required when renewing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ROBERTS, GEORGE P**
STREET ADDRESS **970 BEAR ISLAND CIR**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **VP**
NAME **BERMAN, HOWARD**
STREET ADDRESS **1210 BEAR ISLAND DR**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **S**
NAME **SEFTENBERG, STEPHEN L**
STREET ADDRESS **2765 WHITE WING LN**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **T**
NAME **STEVENS, LOUIS**
STREET ADDRESS **1415 WILDERNESS RD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE **D**
NAME **FEDOR, LAURA**
STREET ADDRESS **1420 WILDERNESS RD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000691940
04/13/07-80030-024 61.25

**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 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: Louis A. Stevens **LOUIS A. STEVENS**

3/30/07

561 310-8859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #