

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 07, 2009
Secretary of State**

DOCUMENT# N29375

Entity Name: INTERNATIONAL BASS LAKE RESORT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2955906 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT, INC.
2180 WEST SR 4334, STE. 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: HAGERTY, MARY A
Address: 50989 HWY 27 #144
City-St-Zip: DAVENPORT, FL 33897

Title: VPD () Delete
Name: BENSON, JOHN
Address: 50989 HWY 27 #146
City-St-Zip: DAVENPORT, FL 33897

Title: SD () Delete
Name: RYAN, JOHN
Address: 50989 HWY 27 #254
City-St-Zip: DAVENPORT, FL 33897

Title: TD () Delete
Name: PETROFF, GEORGE W
Address: 50989 HWY 27 #231
City-St-Zip: DAVENPORT, FL 33897

Title: D () Delete
Name: LATHWEL, JOHN
Address: 50989 HWY 27 #178
City-St-Zip: DAVENPORT, FL 33897

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: BENSON, JOHN
Address: 50989 HWY 27 #146
City-St-Zip: DAVENPORT, FL 33897

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

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

Title: VPD (X) Change () Addition
Name: LATHWEL, JOHN
Address: 50989 HWY 27 #180
City-St-Zip: DAVENPORT, FL 33897

Title: D () Change (X) Addition
Name: COLTON, SUSAN
Address: 50989 HWY 27 #119
City-St-Zip: DAVENPORT, FL 33897

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: JOHN BENSON

PD

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date