2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N98000006324

Entity Name: THE GLEN AT BLACK BEAR RESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

24525 CR 44A
EUSTIS, FL 32736

New Principal Place of Business:

Current Mailing Address:

P O BOX 520
SORRENTO, FL 32776

New Mailing Address:

FEI Number: 59-3543214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARSON, MARK
24525 CR 44A
EUSTIS, FL 32736 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: DPS ( ) Delete
Name: CARSON, MARK
Address: P O BOX 520
City-St-Zip: SORRENTO, FL 32776

Title: DVT ( ) Delete
Name: CARSON, LEE A
Address: P O BOX 520
City-St-Zip: SORRENTO, FL 32776

Title: D ( ) Delete
Name: CARSON, ASHLEY W
Address: P O BOX 520
City-St-Zip: SORRENTO, FL 32776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MARK CARSON DPS 04/15/2009

Electronic Signature of Signing Officer or Director Date