

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

FILED
Feb 26, 1996 08:00 AM
Secretary of State

DOCUMENT # 745897 (9)

1. Corporation Name

BEAR HOLLOW RANCH PROPERTIES OWNERS' ASSOCIATION
, INC.

Principal Place of Business

Mailing Address

500 BEAR RD
LAKE PLACID FL 33852
US

P O BOX 2964
LAKE PLACID FL 33852
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

33862

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WUDKTE, LYNN
300 LK JUNE DR
LAKE PLACID FL 33852

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME TALBOT, JOHN
STREET ADDRESS 517 BEAR RD
CITY-ST-ZIP LAKE PLACID, FL 00000

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD ☐ DELETE

NAME COLE, DENISE
STREET ADDRESS 415 BEAR LN
CITY-ST-ZIP LAKE PLACID, FL 00000

2.1 TITLE Director ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPD ☒ DELETE

NAME WUDKTE, LYNN
STREET ADDRESS 300 LK JUNE DR
CITY-ST-ZIP LAKE PLACID, FL 00000

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Richard Peterson
3.3 STREET ADDRESS 500 Bear Rd
3.4 CITY-ST-ZIP Lake Placid FL 33852

TITLE SI ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Norma Martin
4.3 STREET ADDRESS 403 Bear Lane
4.4 CITY-ST-ZIP Lake Placid FL 33852

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Jack Clark
5.3 STREET ADDRESS 506 Bear Rd
5.4 CITY-ST-ZIP Lake Placid FL 33852

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Dale Hensley
6.3 STREET ADDRESS 501 Bear Rd
6.4 CITY-ST-ZIP Lake Placid FL 33852

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:

Norma Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norma Martin

2/15/96
Date

941 465 5088
Daytime Phone #

CR2E037 (12/95)