


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90037 036 ****61.25

DOCUMENT # 745897	
1. Entity 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 33862 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For
59-2899539		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TORSTEN, ROTHMAN 514 BEAR ROAD LAKE PLACID FL 33852		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	PD
NAME	MAINE, JOHN	NAME	FRESQUEZ, LUIS
STREET ADDRESS	403 BEAR LANE	STREET ADDRESS	505 BEAR ROAD
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	VPD	TITLE	VPD
NAME	NIELANDER, BILL	NAME	GRIGSBY, WILLIAM
STREET ADDRESS	500 BEAR ROAD	STREET ADDRESS	518 BEAR ROAD
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	STD	TITLE	
NAME	ROTHMAN, TORSTEN	NAME	
STREET ADDRESS	514 BEAR ROAD	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	PERRY, CATHY	NAME	
STREET ADDRESS	507 BEAR ROAD	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	MCLEAN, SCOTT	NAME	
STREET ADDRESS	375 BEAR LANE	STREET ADDRESS	
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	
TITLE	D	TITLE	D
NAME	HENSLEY, DALE	NAME	MAINE, PEGGY
STREET ADDRESS	501 BEAR ROAD	STREET ADDRESS	403 BEAR LANE
CITY-ST-ZIP	LAKE PLACID FL 33852	CITY-ST-ZIP	LAKE PLACID, FL 33852

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  TORSTEN ROTHMAN 3 March '05 863-699-9125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #