

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745897

FILED
Feb 15, 2009
Secretary of State

Entity Name: BEAR HOLLOW RANCH PROPERTIES OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

500 BEAR RD
LAKE PLACID, FL 33852 US

New Principal Place of Business:

514 BEAR RD
LAKE PLACID, FL 33852 US

Current Mailing Address:

P O BOX 2964
LAKE PLACID, FL 33862 US

New Mailing Address:

FEI Number: 59-2899539 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TORSTEN, ROTHMAN
514 BEAR ROAD
LAKE PLACID, FL 33852 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 () Delete
Name: FRESQUEZ, LUIS
Address: 505 BEAR ROAD
City-St-Zip: LAKE PLACID, FL 33852

Title: VPD () Delete
Name: GRIGSBY, WILLIAM
Address: 518 BEAR ROAD
City-St-Zip: LAKE PLACID, FL 33852

Title: STD () Delete
Name: ROTHMAN, TORSTEN
Address: 514 BEAR ROAD
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: BYRD, DEANNE
Address: 503 BEAR RD
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: MCLEAN, SCOTT
Address: 375 BEAR LANE
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: RENZONI, SALLY
Address: 513 BEAR RD
City-St-Zip: LAKE PLACID, FL 33852

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:

Title: () Change () Addition
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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: TORSTEN ROTHMAN

STD

02/15/2009

Electronic Signature of Signing Officer or Director

Date