

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002179

FILED
Mar 13, 2012
Secretary of State

Entity Name: BAY ISLE AT BLACK LAKE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

610 SYCAMORE ST STE 140
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

475 W TOWN PLACE STE 200
ST AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 03-0454886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEVERN TRENT SERVICES, INC.
475 W TOWN PLACE STE 200
ST AUGUSTINE, FL 32092 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
Name: COOLEY, RACHEL
Address: 475 WEST TOWN PLACE SUITE 200
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VPD
Name: TILTON, KRISTI
Address: 475 WEST TOWN PLACE SUITE 200
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D
Name: STONE, LARRY
Address: 475 WEST TOWN PLACE SUITE 200
City-St-Zip: ST AUGUSTINE, FL 32092

Title: TR
Name: MCGOWAN, GREG
Address: 475 WEST TOWN PLACE SUITE 200
City-St-Zip: ST AUGUSTINE, FL 32092

Title: S
Name: GREEN, MARY
Address: 475 WEST TOWN PLACE SUITE 200
City-St-Zip: ST AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: RACHAEL COOLEY

P

03/13/2012

Electronic Signature of Signing Officer or Director

Date