

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

4/2

04-24-2003 90163 041 ****61.25

DOCUMENT # N01000002179

1. Entity Name

BAY ISLE AT BLACK LAKE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**444 W NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789**

Mailing Address

**444 W NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789**

55041424

2. Principal Place of Business

882 JACKSON AVE
Suite, Apt. #, etc.

3. Mailing Address

882 JACKSON AVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Winter Park FL

Zip

32789

Country

USA

City & State

Winter Park FL

Zip

32789

Country

USA

4. FEI Number **03-0454886**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MALCOM, THOMAS D
444 W NEW ENGLAND AVE
SUITE B
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name **Amanda M. Vander Vliet**
Street Address (P.O. Box Number is Not Acceptable)

882 JACKSON AVE

City **Winter Park**

FL

Zip Code **32789**

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 **Amanda M. Vander Vliet**

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

(NOTE: Registered Agent signature required when reinstating)

2/26/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, CHRISTOPHER S 120 FAIRWAY WOODS BLVD ORLANDO FL 32824	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAWKS, CANDICE H 120 FAIRWAY WOODS BLVD ORLANDO FL 32824	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ERSKINE, CYNTHIA L 120 FAIRWAY WOODS BLVD ORLANDO FL 32824	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Trussell, Guy 120 Fairway Woods Blvd. Orlando, FL 32824	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **CYNTHIA L. ERSKINE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/03 (40) 240-0044

DATE

Daytime Phone # **9353**

CR2E037 (10/02)