


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90044 002 ****61.25

DOCUMENT # 701010 1. Entity Name BEAR LAKE MANOR CIVIC BETTERMENT ASSOCIATION, INC.						
Principal Place of Business 3516 CRAIG DR. APOPKA, FL 32703			Mailing Address 3516 CRAIG DR. APOPKA, FL 32703			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
MACAULAY, DONALD G 3516 CRAIG DR. APOPKA, FL 32703				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 <u><i>Donald G. Macaulay</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>04-02-2007</u>		
Filing Fee is \$61.25 Due by May 1, 2007		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						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACAULAY, DONALD G			NAME		
STREET ADDRESS	3516 CRAIG DR.			STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703			CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDY, PAUL D			NAME		
STREET ADDRESS	1343 LAKE ASHER CIRCLE			STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703			CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRESSMAN, KATHLEEN			NAME		
STREET ADDRESS	1346 LAKE ASHER CIRCLE			STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703			CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACAUKAY, RUTH B			NAME		
STREET ADDRESS	3516 CRAIG DR.			STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Donald G. Macaulay</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>04-02-2007</u> <small>Daytime Phone #</small>		