

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756247

FILED
Mar 21, 2009
Secretary of State

Entity Name: BAY LAKE ESTATES ASSOCIATION OF NOKOMIS, INC.

Current Principal Place of Business:

1200 COLONIA LN. E.
NOKOMIS, FL 34275 US

New Principal Place of Business:

Current Mailing Address:

222 FLAMBOYANT ST
NOKOMIS, FL 34275 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANNAY, CARLA
222 FLAMBOYANT STREET
NOKOMIS, FL 34275 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: P () Delete
Name: HANNEY, CARLA
Address: 222 FLAMBOYANT
City-St-Zip: NOKOMIS, FL 34275

Title: V () Delete
Name: ROBINSON, WILLIAM
Address: 131 CAMELLIA ST
City-St-Zip: NOKOMIS, FL 34275

Title: T () Delete
Name: FINNELL, JO ANN
Address: 9 FLAMBOYANT ST
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: SUIT, RON
Address: 198 CARISSA ST
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: KING, JOAN
Address: 25 ORANGE BLOSSOM ST
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: NEUMANN, JAMES
Address: 142 CAMELLIA ST
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: TAGUE, RONALD
Address: 110 CARISSA STREET
City-St-Zip: NOKOMIS, FL 34275

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CAZA, SHIRLEY
Address: 154 OLEANDER STREET
City-St-Zip: NOKOMIS, FL 34275

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: JO-ANN FINNELL

T

03/21/2009

Electronic Signature of Signing Officer or Director

Date