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03-06-1999 90026 050 ***150.00

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767328

1. Corporation Name

BAY LAGOON COMMUNITY ASSOCIATION, INC.

Principal Place of Business

PO BOX 521322
LONGWOOD FL 32752-8322

Mailing Address

PO BOX 521322
LONGWOOD FL 32752-8322



2. Principal Place of Business

21 BLHA

Suite, Apt. #, etc.

22 Box 1322

City & State

23 Longwood FL

Zip

24 32750

Country

25 USA

2a. Mailing Address

26 BLHA

Suite, Apt. #, etc.

27 Box 1322

City & State

28 Longwood FL

Zip

29 32750

Country

30 USA

3. Date Incorporated or Qualified

03/07/1983

4. FEI Number

59-2472739

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

CUMMINGS, MARK B
1360 N MARCY DRIVE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE MARK B. CUMMINGS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

TD
NAME BERGEN, MICHAEL
STREET ADDRESS 1328 N MARCY DR
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE

PD
NAME CUMMINGS, MARK
STREET ADDRESS 1360 N MARCY DR
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ DELETE

VD
NAME ROBINSON, MAURICE
STREET ADDRESS 1346 N MARCY DR
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ DELETE

SD
NAME CUMMINGS, MARK
STREET ADDRESS 1360 N MARCY DR
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

TD RON PORTER
1352 N. MARCY DR
Longwood FL, 32750

2.1 TITLE ☒ Change ☐ Addition

PD MAURICE ROBINSON
1346 N. MARCY DR
Longwood, FL 32750

3.1 TITLE ☒ Change ☐ Addition

VD MARK CUMMINGS
1360 N. MARCY DR
Longwood, FL 32750

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARK B. CUMMINGS (REQUIRED)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/99

407-767-9345

CR2E037 (1/98)