

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91038 050 ****61.25

DOCUMENT # 767328

1. Entity Name

BAY LAGOON COMMUNITY ASSOCIATION, INC.



Principal Place of Business

BLHA
BOX 521322
LONGWOOD FL 32750

Mailing Address

BLHA
BOX 521322
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2472739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VON EBERSTEIN, TERESA
1309 WILLOW SPRINGS CT
LONGWOOD FL 32750

*PLEASE
MAKE CHANGE
→*

Name

MARK CUMMINGS

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

1360 N. MARCY DR

Mark B. Cummings

City

LONGWOOD

FL

Zip Code

32750

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

MARK CUMMINGS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 PD ☐ Delete
NAME CUMMINGS, MARK
STREET ADDRESS 1360 N. MARKEY DR.
CITY-ST-ZIP LONGWOOD FL 32750

TITLE TD ☐ Delete
NAME BOWEN, TODD
STREET ADDRESS 1307 WELLOW SPRINGS COURT
CITY-ST-ZIP LONGWOOD FL 32750

TITLE VPD ☐ Delete
NAME BOWEN, TODD
STREET ADDRESS 1364 N. MARCY DRIVE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *TREASURER - TD* ☒ Change ☐ Addition
NAME *LUCILLE URBAN*
STREET ADDRESS *1307 WILLOW SPRINGS CT*
CITY-ST-ZIP *LONGWOOD, FL 32750* *D*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Mark B. Cummings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04

Date

407-767-9346

Daytime Phone #