

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90175 037 ****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

4. FEI Number

59-2472739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUMMINGS, MARK
1360 N MARCY DR.
LONGWOOD FL 32750**

Name

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

City

FL

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

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **4/5/D**
NAME ☒ Change ☐ Addition
STREET ADDRESS **1360 North Marcy Dr**
CITY-ST-ZIP

TITLE TD
NAME URBAN, LUCILLE
STREET ADDRESS 1307 WILLOW SPRINGS CT.
CITY-ST-ZIP LONGWOOD FL 32750 ☒ Delete

TITLE **P/D**
NAME **MA ZORRILLA, MAXIMO**
STREET ADDRESS **1365 N. MARCY DR**
CITY-ST-ZIP **LONGWOOD FL 32750** ☐ Change ☒ Addition

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

TITLE **T/D**
NAME **RONALD STEIN, RONALD**
STREET ADDRESS **1374 North Marcy Dr**
CITY-ST-ZIP **LONGWOOD, FL 32750** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

Mark B. Cummings

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/2005