2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State
04-18-2006 90076 028 ****61.25

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1. Entity Name
BEAR STONE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
211 SOUTH MAGNOLIA AVENUE SANFORD, FL 32771	PO BOX 1596 SANFORD, FL 32772-1596

02152006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
206 S. ELM AVE	PO BOX 1596
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD FL	City & State: SANFORD FL
Zip: 32771 Country: USA	Zip: 32772-1596 Country: USA

4. FEI Number: 59-3676838 ☐ 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
PERMIER PROPERTY MGMT OF CENTRAL FLORIDA 211 SOUTH MAGNOLIA AVENUE SANFORD, FL 32771	Name: PREMIER PROP. MGMT. CFL, INC Street Address (P.O. Box Number is Not Acceptable): 206 S. ELM AVENUE City: SANFORD FL Zip Code: 32771

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: Gina N Holbrook GINA N. HOLBROOK 4/3/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KERR, CYNTHIA 2660 ALOMA OAKS DRIVE OVIEDO, FL 32765 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MYERS, JEANNE 5623 BEAR STONE RUN OVIEDO, FL 32765 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MYERS, JEANE 5623 BEAR STONE RUN OVIEDO FL 32765 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HOLLAND, PAUL 5720 BEAR STONE RUN OVIEDO, FL 32765 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PID HOLLAND, PAUL 5720 BEAR STONE RUN OVIEDO FL 32765 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS YOUNG, CHRISTINA 5691 BEAR STONE RUN. OVIEDO, FL 32765 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS YOUNG, CHRISTINA 5691 BEAR STONE RUN OVIEDO FL 32765 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FASCOLO, RALPH 2867 ALOMA OAKS DRIVE OVIEDO, FL 32765 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TID FASCOLO, RALPH 2867 ALOMA OAKS DR OVIEDO FL 32765 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Johnson, Ric DIRECTOR 2640 Aloma OAKS DR. Oviedo, FL 32765 ☐ Change ☑ Addition

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: Paul Holland PAUL HOLLAND 4/3/06 407-971-6080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #