

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90044 003 \*\*\*\*61.25

**DOCUMENT # N00000004037**

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



Principal Address  
**206 S SANFC Premier Property Management of CFL  
735 Primera Boulevard Suite 110  
Lake Mary, FL 32746**

**DO NOT WRITE IN THIS SPACE**

02202008 No Chg-NP

CR2E037 (4/06)

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

PE Premier Property Management of CFL FLORIDA  
20 735 Primera Boulevard Suite 110  
SA Lake Mary, FL 32746

**DO NOT WRITE  
IN THIS SPACE**

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

*Dino N. Halbrook*

*4/11/08*

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV D MYERS, JEANNE 5623 BEAR STONE RUN OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS YOUNG, CHRISTINA 5691 BEAR STONE RUN OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSCOLO FASGOLO, RALPH 2867 ALOMA OAKS DRIVE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, RIC 2640 ALAN OAK DR OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HARRIS, MARK 5611 BEARSTONE RUN OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Ouellette, Alecia 5615 Bearstone Run OVIEDO, FL 32765

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ralph Foscolo* **Ralph Foscolo**

*3/19/2008*

DATE

Daytime Phone #

*407-445-8885*