

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004037

FILED  
Apr 27, 2011  
Secretary of State

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

## Current Principal Place of Business:

PREMIER PROPERTY MANAGEMENT OF CFL  
735 PRIMERA BOULEVARD SUITE 110  
LAKE MARY, FL 32746

## New Principal Place of Business:

PREMIER ASSOCIATION MANAGEMENT OF CFL  
735 PRIMERA BOULEVARD SUITE 110  
LAKE MARY, FL 32746

## Current Mailing Address:

PREMIER PROPERTY MANAGEMENT OF CFL  
735 PRIMERA BOULEVARD SUITE 110  
LAKE MARY, FL 32746

## New Mailing Address:

PREMIER ASSOCIATION MANAGEMENT OF CFL  
735 PRIMERA BOULEVARD SUITE 110  
LAKE MARY, FL 32746

FEI Number: 59-3676838

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PREMIER PROPERTY MGMT OF CENTRAL FLORIDA  
735 PRIMERA BOULEVARD  
STE 110  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

PREMIER ASSOCIATION MGMT OF CFL INC  
735 PRIMERA BOULEVARD  
STE 110  
LAKE MARY, FL 32746 US

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.

SIGNATURE: GINA HOLBROOK

04/27/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D  
Name: MYERS, JEANNE  
Address: 5623 BEAR STONE RUN  
City-St-Zip: OVIEDO, FL 32765

Title: PD  
Name: FOSCOLO, RALPH  
Address: 2867 ALOMA OAKS DRIVE  
City-St-Zip: OVIEDO, FL 32765

Title: TD  
Name: JOHNSON, RIC  
Address: 2640 ALAN OAK DR  
City-St-Zip: OVIEDO, FL 32765

Title: DVP  
Name: HARRIS, MARK  
Address: 5611 BEARSTONE RUN  
City-St-Zip: OVIEDO, FL 32765

Title: DS  
Name: OUELLETE, ALECIA  
Address: 5615 BEARSTONE RUN  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RALPH FOSCOLO

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date