2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006983

FILED Apr 20, 2005 Secretary of State

Entity Name: BASS LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5695 BEGGS ROAD 107 N. LINE DR

SUITE B-100 APOPKA, FL 32703 US ORLANDO, FL 32810

New Mailing Address: Current Mailing Address:

5695 BEGGS RD 107 N. LINE DR.

STE B-100 APOPKA, FL 32703 US ORLANDO, FL 32810

FEI Number: 59-3744812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUTHERLAND, THERESA SUTHERLAND, THERESA D 5695 BEGGS ROAD, SUITE B-100 107 N. LINE DR.

APOPKA, FL 32703 US ORLANDO, FL 32810

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: THERESA D. SUTHERLAND 04/20/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

HOBSON, BARBARA HOBSON, BARBARA Name: Name: 5 GRANGEWOOD BROMLEY CROSS Address: 5 GRANGEWOOD BROMLEY CROSS Address:

City-St-Zip: BOLTON, UK, BL7 94G City-St-Zip: BOLTON, UK BL7 94G UK

(X) Change () Addition Title: () Delete Title:

Name: CASEY, MICHAEL Name: CASEY, MICHAEL Address: HIGH TREES, 33 GREEN SHAW LANE Address:

HIGH TREES. 33 GREEN SHAW LANE City-St-Zip: PATRINGTON, E YORKSHIRE UK, City-St-Zip: PATRINGTON, E YORKSHIRE UK, UK 00000 UK

Title: () Delete Title: (X) Change () Addition

ARMSTRONG, YVONNE Name: ARMSTRONG, YVONNE Name: 5 PENT HOUGH, ELAND MEWS 5 PENT HOUGH, ELAND MEWS Address: Address:

City-St-Zip: PONTELAND NEWCASTLE UK. City-St-Zip: PONTELAND NEWCASTLE UK, UK PONTELAND UK

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA HOBSON PD 04/20/2005