

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006983

FILED
Apr 19, 2006
Secretary of State

Entity Name: BASS LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

107 N. LINE DR.
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

107 N. LINE DR.
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-3744812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUTHERLAND, THERESA D
107 N. LINE DR.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOBSON, BARBARA
Address: 5 GRANGEWOOD BROMLEY CROSS
City-St-Zip: BOLTON, UK BL7 94G UK

Title: VPD () Delete
Name: CASEY, MICHAEL
Address: HIGH TREES, 33 GREEN SHAW LANE
City-St-Zip: PATRINGTON, E YORKSHIRE UK, UK 00000 UK

Title: D (X) Delete
Name: ARMSTRONG, YVONNE
Address: 5 PENT HOUGH, ELAND MEWS
City-St-Zip: PONTELAND NEWCASTLE UK, UK PONTELAND UK

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COOK, MARTIN
Address: FARRIERS, CHARLTON PEWSEY
City-St-Zip: WILSHIRE, UK SN96EU UK

Title: VPD (X) Change () Addition
Name: PULL, BYRON
Address: ELM TREE LANE LEAVENHEATH
City-St-Zip: COLCHESTER, ESSEX, UK CO6UL UK

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARTIN COOK

PD

04/19/2006

Electronic Signature of Signing Officer or Director

Date