

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002179

1. Entity Name

BAY ISLE AT BLACK LAKE HOMEOWNERS' ASSOCIATION, INC.

FILED

02 NOV -8 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0138248

Principal Place of Business

120 FAIRWAY WOODS BLVD
ORLANDO FL 32824

Mailing Address

120 FAIRWAY WOODS BLVD
ORLANDO FL 32824

2. Principal Place of Business

444 W. New England Ave

Suite, Apt. #, etc.

Suite B

City & State

Winter Park, FL

Zip

32789

Country

3. Mailing Address

444 W. New England Ave

Suite, Apt. #, etc.

Suite B

City & State

Winter Park, FL

Zip

32789

Country

4. FEI Number

03-0454886

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

O'HARA, CHARLES D
120 FAIRWAY WOODS BLVD
ORLANDO FL 32824

7. Name and Address of New Registered Agent

Name

Thomas D. Malcom

Street Address (P.O. Box Number is Not Acceptable)

444 W. New England Ave

Suite B

City

Winter Park

FL

Zip Code

32789

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

Thomas D. Malcom

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	O'HARA, CHARLES D	120 FAIRWAY WOODS BLVD	ORLANDO FL 32824	☒
VD	HAWKS, CANDICE H	120 FAIRWAY WOODS BLVD	ORLANDO FL 32824	☐
ST	ERSKINE, CYNTHIA L	120 FAIRWAY WOODS BLVD	ORLANDO FL 32824	☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Wright, Christopher S.	120 Fairway Woods Blvd.	Orlando, FL 32824	☒	☒
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this filing does not qualify 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/02

Date

(407) 240-0044

Daytime Phone #

CR2E037 (4/02)