

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002179

FILED
Apr 29, 2005
Secretary of State

Entity Name: BAY ISLE AT BLACK LAKE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 03-0454886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDER VLIET, AMANDA M
882 JACKSON AVE
WINTER PARK, FL 32789 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: TRUSSELL, GUY
Address: 120 FAIRWAY WOODS BLVD
City-St-Zip: ORLANDO, FL 32824

Title: VD () Delete
Name: HAWKS, CANDICE H
Address: 120 FAIRWAY WOODS BLVD
City-St-Zip: ORLANDO, FL 32824

Title: ST () Delete
Name: MORSE, CYNTHIA L
Address: 120 FAIRWAY WOODS BLVD
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TRUSSELL, GUY
Address: 120 FAIRWAY WOODS BLVD
City-St-Zip: ORLANDO, FL 32824

Title: D (X) Change () Addition
Name: JENKINS, MARCIA
Address: 120 FAIRWAY WOODS BLVD
City-St-Zip: ORLANDO, FL 32824

Title: D (X) Change () Addition
Name: MORSE, CYNTHIA L
Address: 120 FAIRWAY WOODS BLVD
City-St-Zip: ORLANDO, FL 32824

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: CYNTHIA MORSE

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date