2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002179

FILED Feb 05, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 783367 2582 SOUTH MAGUIRE RD WINTER GARDEN, FL 34778 318 OCOEE, FL 34761 **Current Mailing Address: New Mailing Address:** P.O. BOX 783367 WINTER GARDEN, FL 34778 FEI Number: 03-0454886 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: SOLOMON, SPENCER R SOLOMON, SPENCER R 113 DESIRÉE AURORA ST. 14443 PRUNNING WOOD PLACE US WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 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: SPENCER SOLOMON 02/05/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BALDERRAMA, JAMES Name: Name: 14315 HAMPSHIRE BAY CIRCLE Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: VPD Title: SD (X) Change () Addition () Delete BINDER, JUDIE Name: BINDER, JUDIE Name: Address: 14536 TABAGO BAY DR Address: 14536 TABAGO BAY DR City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787 Title: STD () Delete Title: **VPD** (X) Change () Addition STERN, LINDA STERN, LINDA Name: Name: 14152 HAMPSHIRE BAY CIR 14152 HAMPSHIRE BAY CIR Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: WINTER GARDEN, FL 34787 Title: () Delete Title: TD () Change (X) Addition Name: Name: ANTOINE, ALEX 14200 HAMPSHIRE BAY CIR Address: Address: WINTER GARDEN, FL 34787 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition GREEN, MARY Name: Name: 14110 HAMPSHIRE BAY CT Address: Address: WINTER GARDEN, FL 34787 City-St-Zip: 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: SPENCER SOLOMON RA 02/05/2007