2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# N01000002179

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

Current Principal Place of Business:

2582 SOUTH MAGUIRE RD
318
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 783367
WINTER GARDEN, FL 34778

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:

SOLOMON, SPENCER R
14443 PRUNNING WOOD PLACE
WINTER GARDEN, FL 34787 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: BALDERRAMA, JAMES
Address: 14315 HAMPSHIRE BAY CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD (X) Delete
Name: BINDER, JUDIE
Address: 14536 TABAGO BAY DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD ( ) Delete
Name: STERN, LINDA
Address: 14152 HAMPSHIRE BAY CIR
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD ( ) Delete
Name: ANTOINE, ALEX
Address: 14200 HAMPSHIRE BAY CIR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Delete
Name: GREEN, MARY
Address: 14110 HAMPSHIRE BAY CT
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change ( ) Addition
Name: FOSTER, TOM
Address: 14213 HAMPSHIRE BAY CIR
City-St-Zip: WINTER GARDEN, FL 34787

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

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

I hereby certify that the information supplied with this filing does not qualify 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 03/26/2008

Electronic Signature of Signing Officer or Director — Date