2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2007
Secretary of State

DOCUMENT# N02000002600

Entity Name: BEAR GULLY FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4250 ALAFAYA TR.
SUITE 212-345
OVIEDO, FL 32765

New Principal Place of Business:

5656 PATS POINT
WINTER PARK, FL 32792

Current Mailing Address:

4250 ALAFAYA TR.
SUITE 212-345
OVIEDO, FL 32765

New Mailing Address:

PO BOX 2072
GOLDENROD, FL 32733

FEI Number: 22-3873761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BURNSIDE, LILLY
4250 ALAFAYA TR.
SUITE 212-345
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

MAY, JASON A
5656 PATS POINT
WINTER PARK, FL 32792 US

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: JASON A MAY 08/26/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIS, DAVID
Address: 5599 PATS POINT
City-St-Zip: WINTER PARK, FL 32792

Title: VD ( ) Delete
Name: MAY, JASON A
Address: 5656 PATS POINT
City-St-Zip: WINTER PARK, FL 32792

Title: TSD ( ) Delete
Name: COOTS, LEEANN
Address: 4230 BEAR GULLY RD
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MAY, JASON A
Address: 5656 PATS POINT
City-St-Zip: WINTER PARK, FL 32792

Title: VD (X) Change ( ) Addition
Name: HOLLEY, SARAH
Address: 5652 PATS POINT
City-St-Zip: WINTER PARK, FL 32792

Title: TSD (X) Change ( ) Addition
Name: HINKEN, LEEANN M
Address: 4230 BEAR GULLY RD
City-St-Zip: WINTER PARK, FL 32792

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: LEEANN M HINKEN TSD 08/26/2007
Electronic Signature of Signing Officer or Director — Date