

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-02-2007 90080 014 ****61.25

DOCUMENT # N02000003811			
1. Entity Name BABSON PARK BEACH RESORT HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 6003 WATERWOOD TRAIL BARTOW, FL 33830		Mailing Address 6003 WATERWOOD TRAIL BARTOW, FL 33830	
2. Principal Place of Business - No P.O. Box # 915 N. Scenic Hwy		3. Mailing Address 200 Airport Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Babson Park FL		City & State Frostproof FL	
Zip 33827		Zip 33843	
Country U.S.A.		Country USA	
4. FEI Number 05-0564010		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEBB, EDWARD G 6003 WATERWOOD TRAIL BARTOW, FL 33830		7. Name and Address of New Registered Agent Name: Mary Ruth Wilson Street Address (P.O. Box Number is Not Acceptable): 200 Airport Rd. City: Frostproof FL Zip Code: 33843	
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: <i>[Signature]</i> D 4-24-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	NAME BEBB, EDWARD G	TITLE D	NAME Mary Ruth Wilson
STREET ADDRESS 6003 WATERWOOD TRAIL	CITY-ST-ZIP BARTOW, FL 33830	STREET ADDRESS 200 Airport Rd	CITY-ST-ZIP Frostproof, FL 33843
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME ALEXANDER, TROY	TITLE D	NAME ALEXANDER, TROY
STREET ADDRESS 5612 EAGLEGLLEN PL	CITY-ST-ZIP LITHIA, FL 33547	STREET ADDRESS 5612 EAGLEGLLEN PL	CITY-ST-ZIP LITHIA, FL 33547
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME BRACEWELL, TIMOTHY D	TITLE D	NAME BRACEWELL, TIMOTHY D
STREET ADDRESS 2203 THOMPSON RD	CITY-ST-ZIP LITHIA, FL 33547	STREET ADDRESS 2203 THOMPSON RD	CITY-ST-ZIP LITHIA, FL 33547
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME ALEXANDER, TROY	TITLE D	NAME ALEXANDER, TROY
STREET ADDRESS 5612 EAGLEGLLEN PL	CITY-ST-ZIP LITHIA, FL 33547	STREET ADDRESS 5612 EAGLEGLLEN PL	CITY-ST-ZIP LITHIA, FL 33547
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME BRACEWELL, TIMOTHY D	TITLE D	NAME BRACEWELL, TIMOTHY D
STREET ADDRESS 2203 THOMPSON RD	CITY-ST-ZIP LITHIA, FL 33547	STREET ADDRESS 2203 THOMPSON RD	CITY-ST-ZIP LITHIA, FL 33547
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i>		4-24-07 863-528-2301 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone</small>	