

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003811

FILED
Mar 09, 2009
Secretary of State

Entity Name: BABSON PARK BEACH RESORT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

915 N. SCENIC HWY
BABSON PARK, FL 33827

New Principal Place of Business:

Current Mailing Address:

200 AIRPORT
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 05-0564010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, MARY R
200 AIRPORT RD
FROSTPROOF, FL 33843 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: D () Delete
Name: WILSON, MARY R
Address: 200 AIRPORT RD
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: ALEXANDER, TROY
Address: 5612 EAGLEGLLEN PL
City-St-Zip: LITHIA, FL 33547

Title: D () Delete
Name: BRACEWELL, TIMOTHY D
Address: 2203 THOMPSON RD
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARY RUTH WILSON

D

03/09/2009

Electronic Signature of Signing Officer or Director

Date