

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000003811

**FILED**  
**Apr 18, 2010**  
**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:**

915 N. SCENIC HWY  
BABSON PARK, FL 33827 US

**Current Mailing Address:**

200 AIRPORT  
FROSTPROOF, FL 33843

**New Mailing Address:**

200 AIRPORT  
FROSTPROOF, FL 33843 US

**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  
Name: WILSON, MARY R  
Address: 200 AIRPORT RD  
City-St-Zip: FROSTPROOF, FL 33843 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARY R WILSON

D

04/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date