

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001944

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** SOUTH BEAR POINTE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

101 ABC ROAD  
LAKE WALES, FL 33859

**New Principal Place of Business:**

**Current Mailing Address:**

101 ABC ROAD  
LAKE WALES, FL 33859

**New Mailing Address:**

PO BOX 2550  
LAKE PLACID, FL 33862

**FEI Number:** 14-1875516

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OSBURN, ROBERT O  
101 ABC ROAD  
LAKE WALES, FL 33859 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: OSBURN, ROBERT O  
Address: 101 ABC ROAD  
City-St-Zip: LAKE WALES, FL 33859

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SEC ( ) Change (X) Addition  
Name: TEAL, LAURA  
Address: 199 SOUTH BEAR POINTE DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

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:** LAURA TEAL

SEC

03/04/2009

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

\_\_\_\_\_  
Date