2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2006 8:00 am Secretary of State 04-21-2006 90113 036 ****61.25

1. Entity Nam	MENT # N0400000 BBS HOMEOWNERS' ASS		TION, INC.	1		4.00	-21-2000 5	0113 030 ****01	.23
18560 N. DALE MABRY HWY. 18		185	Mailing Address 18560 N. DALE MABRY HWY. LUTZ, FL 33548 US			7			
Principal Place of Business 3. I		3. Ma	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04132006 Ct	ng-NP	CR2E037 (11/05)	
City & State			City & State			4. FEI Number 20-122220	0	<u> </u>	oplied For ot Applicable
Zip	Zip Country		ір Соц		try	5. Certificate of Status Desirod \$8.75 Additional Fee Required			
6. Name and Address of Current Registere			ed Agent			7. Name and Address of New Registered Agent			
WESTER, J. MEREDITH 18560 N. DALE MABRY HWY. LUTZ, FL 33548					Name Street Address (P.O. Box Number is Not Acceptable)				
		City			FL Zip Code				
signature	named entity submits this statement friends of registered agent. Signature, typed or printed name of registered agent	64	Jesten plicable. (NOTI	5.	Merce Agent signature requ	edi+LWes	sten,		3-06
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		ida Department of S		
10. OFFICERS AND DIRECTORS			<u> </u>	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WESTER, CLINT 309 LAKE HOBBS ROAD LUTZ, FL 33548		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FULLER, GEOFF 19111 CROOKED LANE ROAD LUTZ, FL 33548		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, HOLLEY 315 LAKE HOBBS ROAD LUTZ, FL 33548	ROWN, HOLLEY 15 LAKE HOBBS ROAD		TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			<u> </u> Change	☐ Addition
TITLE NAME STREET ADDRESS	D TILLES, JON 19647 DEER LAKE ROAD-		Delete	TITLE NAME STREET	T ADDRESS	D James Ridd 19517 Deer	lick r Lake Road	☐ Change	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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

☐ Delete

Delete

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

*LUTZ, FL 33548

LUTZ, FL 33548

GRANTHAM, HELEN

301 LAKE HOBBS ROAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-13-06

Lutz, FL 33548

Daytime Phone #

Change

☐ Change

☐ Addition

☐ Addition