2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008556

FILED Jan 02, 2007 Secretary of State

Entity Name: BEAR LAKE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1600 WEST COLONIAL DRIVE 2265 LEE ROAD ORLANDO, FL 32804 SUITE 117

WINTER PARK, FL 32789

Current Mailing Address: New Mailing Address:

2265 LEE ROAD P.O. BOX 531010 ORLANDO, FL 32853 SUITE 117

WINTER PARK, FL 32789

FEI Number: 20-2618296 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MELROSE MANAGEMENT GROUP HARMENING, JOSHUA W 1600 WEST COLONIAL DRIVE 2265 LEE ROAD ORLANDO, FL FL

SUITE 117 WINTER PARK, FL 32789 US

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: JOSHUA W HARMENING 01/02/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

BOUCHER, BECKY BOLANDER, NICHOL Name: Name:

151 SOUTHALL LANE SUITE 200 Address: 5321 PEPPER BRUSH COVE Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: APOPKA, FL 32703

Title: () Delete Title:

(X) Change () Addition BOLANDER, NICHOL Name: Name: ROBINSON, KRISTY

Address: 151 SOUTHALL LANE SUITE 200 Address: 5348 PEPPER BRUSH COVE City-St-Zip: MAITLAND, FL 32751 City-St-Zip: APOPKA, FL 32703

Title: () Delete Title: (X) Change () Addition STEEN, WILLIAM Name: HARMENING, JOSHUA W Name:

151 SOUTHALL LANE SUITE 200 5305 PEPPER BRUSH COVE Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip: APOPKA, FL 32703

() Change (X) Addition Title: () Delete Title: DS

DY, NICOLE Name: Name: 5329 PEPPER BRUSH COVE Address:

Address: City-St-Zip: City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSHUA W HARMENING DT 01/02/2007