

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009080

FILED
May 07, 2009
Secretary of State

Entity Name: BLACK BEAR RESERVE PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3885 20TH STREET
SUITE 202
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

3885 20TH STREET
SUITE 202
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 59-3768694 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GRUWELL, CHARITY
3885 20TH STREET
SUITE 202
VERO BEACH, FL 32960 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: P () Delete
Name: DELISLE, DANNY
Address: 6320 SALMON PLACE
City-St-Zip: VERO BEACH, FL 32967

Title: VP () Delete
Name: SMITH, SEAN
Address: 4650 KODIAK DRIVE
City-St-Zip: VERO BEACH, FL 32967

Title: T () Delete
Name: GAVIN, MATTHEW
Address: 6270 ARROWHEAD LANE
City-St-Zip: VERO BEACH, FL 32967

Title: O () Delete
Name: COFERSI, BETHANY
Address: 6235 ARROWHEAD LANE
City-St-Zip: VERO BEACH, FL 32967

Title: O () Delete
Name: WOODS, THOMAS
Address: 421 WEST IONIA STREET
City-St-Zip: LANSING, MI 48933

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, SEAN
Address: 4650 KODIAK DRIVE
City-St-Zip: VERO BEACH, FL 32967

Title: VP (X) Change () Addition
Name: COFRESI, BETHANY
Address: 6235 ARROWHEAD LANE
City-St-Zip: VERO BEACH, FL 32967

Title: T (X) Change () Addition
Name: PEDONTI, TIM
Address: 6230 ARROWHEAD LANE
City-St-Zip: VERO BEACH, FL 32967

Title: O (X) Change () Addition
Name: CHAD, KELLY
Address: 3885 20TH STREET
City-St-Zip: VERO BEACH, FL 32960

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: SEAN SMITH

P

05/07/2009

Electronic Signature of Signing Officer or Director

Date