

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90981 030 \*\*\*\*61.25

40076788



04132005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N04000009340</b> 1. Entity Name <b>BLACK LAKE PARK HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>8403 SOUTH PARK AVENUE SUITE 670 ORLANDO, FL 32819</b>			Mailing Address <b>8403 SOUTH PARK AVENUE SUITE 670 ORLANDO, FL 32819</b>		
2. Principal Place of Business <b>8009 S. Orange Ave</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>8009 S. Orange Ave</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Orlando FL</b> <small>Zip</small> <b>32809</b> <small>Country</small> <b>USA</b>		City & State <b>Orlando FL</b> <small>Zip</small> <b>32809</b> <small>Country</small> <b>USA</b>		4. FEI Number <b>20-2679984</b> <div style="float: right; border: 1px solid black; padding: 2px;">             Applied For              Not Applicable           </div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>HOEPKER, TODD M 390 N. ORANGE AVENUE D SUITE 1800 ORLANDO, FL 32801</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Rebecca Forlow</i></u> <b>Rebecca Forlow - President</b> <b>4-15-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALL, MATT 8403 SOUTH PARK AVENUE SUITE 670 ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABBOTT, CHRIS 8403 SOUTH PARK AVENUE SUITE 670 ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WANZECK, MATT 8403 SOUTH PARK AVENUE SUITE 670 ORLANDO, FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u><i>Matt Wanzeck</i></u> <b>Matt Wanzeck</b> <b>4/17/05</b> <b>34-354-2505</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					