2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009340

FILED Apr 28, 2008 Secretary of State

Entity Name: BLACK LAKE PARK HOMEOWNERS' ASSOCIATION, INC.

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

8009 S. ORANGE AVE 5955 T.G. LEE BLVD

ORLANDO, FL 32809 SUITE 300

ORLANDO, FL 32822 US

Current Mailing Address: New Mailing Address:

8009 S. ORANGE AVE 5955 T.G. LEE BLVD

ORLANDO, FL 32809 SUITE 300

ORLANDO, FL 32822 US

FEI Number: 20-2679984 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:

LELAND MANAGEMENT

8009 S. ORANGE AVENUE

ORLANDO, FL 32809 US

LELAND MANAGEMENT

5955 T.G. LEE BLVD

SUITE 300

RLANDO, FL 32809 US SOTTE 300 ORLANDO, FL 32822 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: 04/28/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: P (X) Change () Addition

Name: CAMP, JEREMY Name: BONDY, DENNIS

Address: 9102 S PARK CENTER LOOP SUITE 200 Address: 628 FIRST CAPE CORAL DRIVE City-St-Zip: ORLANDO, FL 32819 City-St-Zip: WINTER GARDEN, FL 34787 US

Title: VPD () Delete Title: VP (X) Change () Addition

Name: COWHERD, BRAD Name: ZINK, ERIC

Address: 9102 S PARK CENTER LOOP SUITE 200 Address: 561 SETTING SUN DRIVE

City-St-Zip: ORLANDO, FL 32819 City-St-Zip: WINTER GARDEN, FL 34787 US

Title: STD () Delete Title: S/T (X) Change () Addition Name: INGLE, JIM Name: POSITANO, PETER

Address: 9102 S PARK CENTER LOOP SUITE 200 Address: 14245 LAGOON COVE LANE
City-St-Zip: ORLANDO, FL 32819 City-St-Zip: WINTER GARDEN, FL 34787 US

ity-St-Zip: ORLANDO, FL 32819 City-St-Zip: WINTER GARDEN, FL 34787 U

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: DENNIS BONDY P 04/28/2008