2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009340

Apr 30, 2009 Secretary of State

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

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

860 N. ORANGE AVE., SUITE 135 ORLANDO, FL 32801

Current Mailing Address: New Mailing Address:

860 N. ORANGE AVE., SUITE 135 ORLANDO, FL 32801

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:

WONSETLER, KAREN PA 860 N. ORANGE AVE., SUITE 135 ORLANDO, FL 32801

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BONDY, DENNIS BONDY, DENNIS Name: Name:

628 FIRST CAPE CORAL DRIVE Address: 860 N. ORANGE AVE. STE B Address: City-St-Zip: WINTER GARDEN, FL 34787 US City-St-Zip: ORLANDO, FL 32801 US

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

Name: ZINK, ERIC Name: VAUGHN, WILLIAM

Address: 561 SETTING SUN DRIVE Address: 860 N. ORANGE AVE. STE B City-St-Zip: WINTER GARDEN, FL 34787 US City-St-Zip: ORLANDO, FL 32801 US

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

POSITANO, PETER Name: GIGLIOTTI, JOSEPH Name: 14245 LAGOON COVE LANE 860 N. ORANGE AVE. STEB Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 US City-St-Zip: ORLANDO, FL 32801 US

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 PD 04/30/2009