

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003143

FILED
Apr 10, 2008
Secretary of State

Entity Name: BLACK BEAR RIDGE PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR., STE 206
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

C/O SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR., STE 206
NAPLES, FL 34103

New Mailing Address:

FEI Number: 84-1702195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR., STE 206
NAPLES, FL 34103 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: PD () Delete
Name: HOOVER, WILLIAM L
Address: 5690 WAX MYRTLE WAY
City-St-Zip: NAPLES, FL 34109

Title: TD () Delete
Name: HOOVER, CHARLENE S
Address: 5690 WAX MYRTLE WAY
City-St-Zip: NAPLES, FL 34109

Title: SD () Delete
Name: STERK, JEREMY
Address: 2875 GARLAND RD.
City-St-Zip: NAPLES, FL 34117

Title: V (X) Delete
Name: MINOR, Q. GRADY
Address: 3785 AIRPORT ROAD NORTH, SUITE B-1
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM HOOVER

P

04/10/2008

Electronic Signature of Signing Officer or Director

Date