

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007473

FILED
Jul 05, 2007
Secretary of State

Entity Name: BISON CREEK ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3385 OLD KEYSTONE RD.
TARPON SPRINGS, FL 34689

New Principal Place of Business:

3385 OLD KEYSTONE RD.
TARPON SPRINGS, FL 34688

Current Mailing Address:

3385 OLD KEYSTONE RD.
TARPON SPRINGS, FL 34689

New Mailing Address:

3385 OLD KEYSTONE RD.
TARPON SPRINGS, FL 34688

FEI Number: 05-0625226 **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:

O'RYAN, CHRISTIAN F.
2701 N. ROCKY POINT DR., STE. 900
TAMPA, FL 33607 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: DP () Delete
Name: GEIGER, MATTHEW
Address: 3385 OLD KEYSTONE RD.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DVS () Delete
Name: GEIGER, JOHN
Address: 3385 OLD KEYSTONE RD.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: DT () Delete
Name: GEIGER, MARK
Address: 3385 OLD KEYSTONE RD.
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GEIGER, MATTHEW
Address: 3385 OLD KEYSTONE RD.
City-St-Zip: TARPON SPRINGS, FL 34688

Title: DVS (X) Change () Addition
Name: GEIGER, JOHN
Address: 3385 OLD KEYSTONE RD.
City-St-Zip: TARPON SPRINGS, FL 34688

Title: DT (X) Change () Addition
Name: APPLEWHITE, MARYANN
Address: 3385 OLD KEYSTONE RD.
City-St-Zip: TARPON SPRINGS, FL 34688

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: MARYANN APPLEWHITE

DT

07/05/2007

Electronic Signature of Signing Officer or Director

Date