

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008080

FILED  
Jan 25, 2012  
Secretary of State

**Entity Name:** BISON VALLEY PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1071 CANAL STREET  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

1071 CANAL STREET  
THE VILLAGES, FL 32162

**New Mailing Address:**

**FEI Number:** 26-0730899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DIVERSIFIED COMMERCIAL PROPERTY SERVICES  
1071 CANAL STREET  
THE VILLAGES, FL 32162 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:** P/D  
**Name:** VERKEY, MARK  
**Address:** 5095 NE 122ND LANE  
**City-St-Zip:** OXFORD, FL 34484

**Title:** VP/D  
**Name:** WYATT, CHRIS  
**Address:** 12129 NE 51ST CIRCLE  
**City-St-Zip:** OXFORD, FL 34484

**Title:** D/ST  
**Name:** ROTHUM, CAROL  
**Address:** 12005 NE 51ST CIRCLE  
**City-St-Zip:** OXFORD, FL 34484

**Title:** D  
**Name:** RISCHITELLI, KENNETH  
**Address:** 5075 NE 121ST ROAD  
**City-St-Zip:** OXFORD, FL 34484

**Title:** D  
**Name:** BURNS, DILLON  
**Address:** 12025 NE 51ST CIRCLE  
**City-St-Zip:** OXFORD, FL 34484

I hereby 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 all other like empowered.

**SIGNATURE:** MARK VERKEY

MR

01/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date