

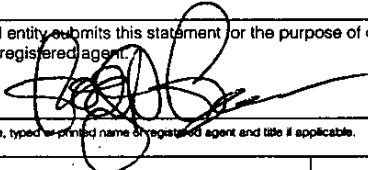
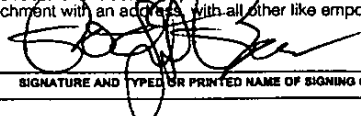


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90163 008 \*\*\*\*61.25

<b>DOCUMENT # N13362</b>					
<b>1. Entity Name</b> BEAR GULLY BAY HOMEOWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3755 KINSLEY PLACE WINTER PARK, FL 32792 US			<b>Mailing Address</b> 3755 KINSLEY PLACE WINTER PARK, FL 32792 US		
<b>2. Principal Place of Business</b> 3810 Kinsley Place Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3810 Kinsley Place Suite, Apt. #, etc.			
<b>City &amp; State</b> Winter Park, FL		<b>City &amp; State</b> Winter Park, FL		<b>4. FEI Number</b> 59-2631831	
<b>Zip</b> 32792		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BALDAUF, CHRISTOPHER 3755 KINSLEY PLACE WINTER PARK, FL 32792			<b>7. Name and Address of New Registered Agent</b> Name: Bear, Roger Street Address (P.O. Box Number is Not Acceptable): 3810 Kinsley Place City: Winter Park FL Zip Code: 32792		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b>    <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;">                 DATE                  4/21/06             </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> SD	<b>NAME</b> CREWS-WHITBY, CAROLYN	<input type="checkbox"/> Delete	<b>TITLE</b> P/D	<b>NAME</b> Bear, Roger	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3793 KINSLEY PLACE	<b>CITY-ST-ZIP</b> WINTER PARK, FL 32792		<b>STREET ADDRESS</b> 3810 Kinsley Place	<b>CITY-ST-ZIP</b> Winter Park, FL 32792	
<b>TITLE</b> VD	<b>NAME</b> LACAVA, ELAINE	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3754 KINSLEY PLACE	<b>CITY-ST-ZIP</b> WINTER PARK, FL 32792		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> HALE, BARBARA	<input type="checkbox"/> Delete	<b>TITLE</b> T/D	<b>NAME</b> Hale, Barbara	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3790 KINSLEY PLACE	<b>CITY-ST-ZIP</b> WINTER PARK, FL 32792		<b>STREET ADDRESS</b> 3790 Kinsley Place	<b>CITY-ST-ZIP</b> Winter Park, FL 32792	
<b>TITLE</b> PD	<b>NAME</b> BALDAUF, CHRISTOPHER	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Baldauf, Christopher	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3755 KINSLEY PLACE	<b>CITY-ST-ZIP</b> WINTER PARK, FL 32792		<b>STREET ADDRESS</b> 3755 Kinsley Place	<b>CITY-ST-ZIP</b> Winter Park, FL 32792	
<b>TITLE</b> TD	<b>NAME</b> PORTER, MARY ANN	<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Porter, Mary Ann	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3814 KINSLEY PLACE	<b>CITY-ST-ZIP</b> WINTER PARK, FL 32792		<b>STREET ADDRESS</b> 3814 Kinsley Place	<b>CITY-ST-ZIP</b> Winter Park, FL 32792	
<b>TITLE</b> D	<b>NAME</b> DIEHL, SUE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3778 KINGSLEY PLACE	<b>CITY-ST-ZIP</b> WINTER PARK, FL 32792		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.</b>					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 4/21/06 DAYTIME PHONE #: 407-657-4397		

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