

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N33732

1. Entity Name
BOUNTY LANE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**145 BOUNTY LANE
PONCE INLET, FL 32127**

Mailing Address
**145 BOUNTY LANE
PONCE INLET, FL 32127 US**



02162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAMB, ROBERT E
145 BOUNTY LN
PONCE INLET, FL 32127**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LAMB, ROBERT E
145 BOUNTY LN
PONCE INLET, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SPICER, GERALD
147 BOUNTY LANE
PONCE INLET, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LAMB, TARA L
145 BOUNTY LN
PONCE INLET, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DERR, MARK
148 BOUNTY LANE
PORT INLET, FL 32127**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000641769
03/01/07-80013-010 70.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Robert E. Lamb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-07 386 761-4948
Date Daytime Phone #