


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N33732 1. Entity Name BOUNTY LANE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 145 BOUNTY LANE PONCE INLET, FL 32127	Mailing Address 145 BOUNTY LANE PONCE INLET, FL 32127 US
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DO NOT WRITE IN THIS SPACE



01302008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LAMB, ROBERT E 145 BOUNTY LN PONCE INLET, FL 32127

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

<p>U000000816970 02/14/08-80073-024 70.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 **01-30-08 386 761 4948**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #