

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33732

FILED  
Mar 08, 2009  
Secretary of State

**Entity Name:** BOUNTY LANE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

145 BOUNTY LANE  
PONCE INLET, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

145 BOUNTY LANE  
PONCE INLET, FL 32127 US

**New Mailing Address:**

145 BOUNTY LANE  
PONCE INLET, FL 32127

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

LAMB, ROBERT E  
145 BOUNTY LN  
PONCE INLET, FL 32127 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: PD ( ) Delete  
Name: LAMB, ROBERT E  
Address: 145 BOUNTY LN  
City-St-Zip: PONCE INLET, FL 32127

Title: VD ( ) Delete  
Name: SPICER, GERALD  
Address: 147 BOUNTY LANE  
City-St-Zip: PONCE INLET, FL

Title: TD ( ) Delete  
Name: LAMB, TARA L  
Address: 145 BOUNTY LN  
City-St-Zip: PONCE INLET, FL 32127

Title: SD ( ) Delete  
Name: DERR, MARK  
Address: 148 BOUNTY LANE  
City-St-Zip: PORT INLET, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: LAMB, TARA L  
Address: 145 BOUNTY LN  
City-St-Zip: PONCE INLET, FL 32127

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT E. LAMB

PD

03/08/2009

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

\_\_\_\_\_  
Date