2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# N36891

Entity Name: BASS CAPITAL HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

707 HOOVER DIKE RD
CLEWISTON, FL 33440

New Principal Place of Business:

Current Mailing Address:

707 HOOVER DIKE RD
CLEWISTON, FL 33440

New Mailing Address:

FEI Number: 65-0595834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGANRE, HELANIE A
417 W SUGARLAND HWY
CLEWISTON, FL 33440 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: D ( ) Delete
Name: RACICOT, JULIA
Address: 707 HOOVER DIKE RD, #804
City-St-Zip: CLEWISTON, FL 33440

Title: PD ( ) Delete
Name: BURKE, PATRICK
Address: 707 HOOVER DIKE RD, #703
City-St-Zip: CLEWISTON, FL 33440

Title: SD ( ) Delete
Name: BOND, DEBORAH
Address: 707 HOOVER DIKE, #601
City-St-Zip: CLEWISTON, FL 33440

Title: D ( ) Delete
Name: BRADY, SALLY
Address: 707 HOOVER DIKE RD
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JIMMY DAVIS PRES 04/12/2005

Electronic Signature of Signing Officer or Director — Date