2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N38875

1. Entity Name BEAR LAKE CROSSINGS HOMEOWNERS' ASSOCIATION, INC.



FILED Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90175 041 ****61.25

| 100001 | viion, iivo. | | | TITLE OF THE PARTY | | | | | | |
|---|---|--|---|--|---|-----------------------|------------|------------------------------|--------------------------------|--|
| 135 W. PINE | INTAL GROUP SOUTH | Mailing Address (\0 PRESIDENTAL GROUTS W. PINEVIEW ST ALTAMONTE SPRINGS, I | | | 400 y | M (178) (188) (188) (| | | MR O ATR | |
| Principal Place of Business 3. N | | 3. Mailing Address | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 02022006 | Chg-NP | CR2E0 | 37 (11/05) | | |
| City & State | | City & State | | | 4. FEI Number 59-30302 | 91 | | <u> </u> | pited For at Applicable | |
| Zip | Country | Zip | Cou | intry | 5. Certificate of | Status Desired | 0 | \$8.75 Add Fee Require | | |
| | 6. Name and Address of Current | Registered Agent. | | | 7. Name and Ac | idress of New | Registered | Agent | | |
| GUADAGNINO, ANTHONY PRESIDENTIAL GROUP SOUTH, INC 135 W. PINEVIEW ST | | | | Name Street Address | Address (P.O. Box Number is Not Acceptable) | | | | | |
| ALTAMON | ITE SPRINGS, FL 32714 | | | City | | | FL | Zip Cod | | |
| 8. The above | named entity submits this statement for | or the ourcose of changing its | renistere | Led office or regist | ered agent or both | in the State of F | | familiar with | and accept | |
| | tions of registered agent. | | | | | | | | | |
| | | | | | | | | | | |
| SIGNATURE | | <u> </u> | | | | | | | | |
| | Signature, typed or printed reme of registered agent | and title if applicable. (NOTE | : Registere | d Agent signature requi | red when reinstating) | | DATE | | | |
| | | | | | | | | | | |
| | • | 9. Election Carr Trust Fund C | | | \$5.00 May Be Added to Fees | | | k payable to rtment of Si | | |
| 10. | • | Trust Fund C | | | | Flo | orida Depa | rtment of Si | tate | |
| 10. | OFFICERS AND DI | Trust Fund C | ontributi | ion. | Added to Fees | Flo | orida Depa | rtment of Si | tate | |
| TITLE NAME | OFFICERS AND DIE VD SULLIVAN, MARY | Trust Fund C | 11. | ion. E E | Added to Fees | Flo | orida Depa | RECTORS IN | 110 | |
| TITLE NAME STREET ADDRESS | OFFICERS AND DIE VD SULLIVAN, MARY 1624 BEAR CROSSING CIRCLE | Trust Fund C | 11. TITLE | E E ET ADORESS | Added to Fees | Flo | orida Depa | RECTORS IN | 110 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIE VD SULLIVAN, MARY 1624 BEAR CROSSING CIRCLE APOPKA, FL 32703 | Trust Fund C | 11. Title NAM SIRE CITY | E E E T ADDRESS - ST-ZIP | Added to Fees | Flo | orida Depa | rtment of SI | 10 Addition | |
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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 cath; 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:

PANNEY CONSTITUTION

-407-283 57 Daytime Phone #