

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

03-22-2005 90017 015 \*\*\*\*61.25

<b>DOCUMENT # N40636</b> 1. Entity Name <b>BEAR GULLY POINTE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1350 ORANGE AVE. STE. 100 WINTER PARK, FL 32790-1208 US</b>			Mailing Address <b>P.O. BOX 1208 WINTER PARK, FL 32790-1208 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3132133</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ATTWOOD-PHILLIPS INC. C/O SUSIE PEROT 1350 ORANGE AVE., STE. 100 WINTER PARK, FL 32789</b>			Name <b>ROGER V. PHILLIPS</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Attwood-Phillips Inc. 1350 Orange Ave Ste 100</b> City <b>Winter Park</b>		
			FL 32789		
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  DATE <b>4-13-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relisting)</small>					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PHILPOT, SCOTT 4078 SCARLETT IRIS PL WINTER PARK, FL 32792</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SCHELLING, STEVE 2893 OLD CASTLE DRIVE WINTER PARK, FL 32792</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD BOND, LARRY 4040 GILDER ROSE PLACE WINTER PARK, FL 32792</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD VON KAMECKE, LISA 2882 WILD GINGER CT. WINTER PARK, FL 32792</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HESS, MIKE 2876 OLD CASTLE DR WINTER PARK, FL 32792</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <b>Res.</b> <b>4/15/05</b> <b>407-629-7712</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Scott L. Philpot