2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 27, 2006 8:00 am Secretary of State DOCUMENT # N40636 03-27-2006 90252 020 ****61.25 BEAR GULLY POINTE HOMEOWNERS' ASSOCIATION, INC. Mailing Address Principal Place of Business P.O. BOX 1208 40000 1350 ORANGE AVE. WINTER PARK, FL 32790-1208-US STE. 100 WINTER PARK, FL 32790-1208-US 3. Mailing Address 2. Principal Place of Business <u> 1350 Orange Ave</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 02132006 CR2E037 (11/05) Chg-NP Ste 100 4. FEI Number 59-3132133 City & State City & State Applied For Not Applicable <u>Winter Park FL</u> Winter Park \$8.75 Additional Country Country Zip 5. Certificate of Status Desired П Fee Required 32789-4932 USA <u>32789-493</u>2 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PHILLIPS, ROGER V Street Address (P.O. Box Number is Not Acceptable) C/O ATTWOOD-PHILLIPS INC 1350 ORANGE AVE., STE. 100 WINTER PARK, FL 32789 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Added to Fees Due by May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Delete TITLE ☐ Change Addition TITLE PHILPOT, SCOTT NAME STREET ADDRESS STREET ADDRESS 4078 SCARLETT IRIS PL CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-ZIP VPD ☐ Delete TITLE ☐ Change ☐ Addition TITLE SCHELLING, STEVE NAME NAME STREET ADDRESS STREET ADDRESS 2893 OLD CASTLE DRIVE WINTER PARK, FL 32792 CITY-ST-7IP CITY-ST-ZIP ☐ Change PD ☐ Addition SD-☐ Delete TITLE NAME BOND, LARRY NAME STREET ADDRESS 4040 GILDER ROSE PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WINTER PARK, FL 32792 TÐ-☐ Delete TITLE SD ☐ Change Addition TITLE VON KAMECKE, LISA NAME NAME STREET ADDRESS STREET ADDRESS 2882 WILD GINGER CT. WINTER PARK, FL 32792 CITY-ST-ZIF CITY-ST-ZIP TD XX Delete TITLE TD ☐ Change XIX Addition TITLE HESS, MIKE NAME NAME ROTHROCK, ANGELA 2876 OLD CASTLE DR STREET ADDRESS 4046 GILDER ROSE PL STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32792 Change XIX Addition ☐ Delete TITLE TITLE REYNOLDS, CHARLES NAME 4095 SCARLETT IRIS PL STREET ADDRESS STREET ADDRESS 32792 CHY-ST-ZIP WINTER PARK FL CITY-ST-7(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 🔟

FILED