



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90039 012 ****61.25

DOCUMENT # N40636 1. Entity Name BEAR GULLY POINTE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O ATTWOOD-PHILLIPS INC 1350 ORANGE AVE STE 100 WINTER PARK, FL 32789-4932 US				Mailing Address C/O ATTWOOD-PHILLIPS INC 1350 ORANGE AVE STE 100 WINTER PARK, FL 32789-4932 US	
2. Principal Place of Business - No P.O. Box # 4040 GILDER ROSE PL		3. Mailing Address C/O LIGHTHOUSE MANAGEMENT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. PO BOX 6774			
City & State WINTER PARK, FL		City & State WINDERMERE, FL			
Zip 32792	Country US	Zip 34786-6774	Country US	4. FEI Number 59-3132133	
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 WEAN & MALCHOW PA 646 EAST COLONIAL DR ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	D GOLDER, JEFF 2884 OLD CASTLE DR WINTER PARK, FL 32792 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOND, LARRY 4040 GILDER ROSE PL WINTER PARK, FL 32792 <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	DV VON KAMECKE, LISA 2882 WILD GINGER CT WINTER PARK, FL 32792 <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	TD ROTHROCK, ANGELA 4046 GILDER ROSE PL WINTER PARK, FL 32792 <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	DS REYNOLDS, CHARLES 4095 SCARLETT IRIS PL WINTER PARK, FL 32792 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" 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 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:  LARRY D. BOND 4/3/08 407.681.735 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					