2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N44652

Entity Name: BEAR LAKE PRESERVATION ASSOCIATION, INC.

Current Principal Place of Business:

10008 BEAR LAKE ROAD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162605
ALTAMONTE SPRINGS, FL 32716 US

New Mailing Address:

FEI Number: 59-3094953 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUNGERFORD, CORRIE L.
10008 BEAR LAKE ROAD
APOPKA, FL 32703 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:	SD	( ) Delete
Name:	HUNGERFORD, CORRIE	
Address:	10008 BEAR LAKE RD	
City-St-Zip:	APOPKA, FL 32703	
Title:	TD	( ) Delete
Name:	MAKI, JIM	
Address:	3210 HOLIDAY AVE	
City-St-Zip:	APOPKA, FL 32703	
Title:	D	( ) Delete
Name:	MAKI, JANICE	
Address:	3210 HOLLIDAY AVE	
City-St-Zip:	APOPKA, FL 32703	
Title:	D	( ) Delete
Name:	SHIELDS, BOB	
Address:	9638 BEAR LAKE ROAD	
City-St-Zip:	APOPKA, FL 32703	
Title:	P	( ) Delete
Name:	ALLEN, BRIAN	
Address:	6099 LINNEAL BEACH DR	
City-St-Zip:	APOPKA, FL 32703	
Title:	VPD	( ) Delete
Name:	HOUSTON, BILL	
Address:	6233 LINNEAL BEACH DR	
City-St-Zip:	APOPKA, FL 32703	

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:	
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 exemption stated 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 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: CORRIE HUNGERFORD S/D 01/29/2009

Electronic Signature of Signing Officer or Director — Date