## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

## **Secretary of State** DOCUMENT # N93000005502 02-26-2007 90054 022 \*\*\*\*61.25 BEAR LAKE WOODS HOMEOWNERS' ASSOCIATION. INC. Principal Place of Business Mailing Address 165 WEST S.R. 434 P.O. BOX 197043 WINTER SPRINGS, FL 32795 LONGWOOD, FL 32791 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address O. Box 19704 Suite, Apt. #, etc. Suite, Apt. #, etc. 02192007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-3247574 Applied For FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALMERSTON LLC 165 WEST SR 434 Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS, FL 32708 Zip Code FL 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 ame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filling Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete TITLE President Channe X Addition terry Gancarz 9246 Longfellow Place BELL, STEVE NAME NAME STREET ADDRESS 6084 JESSICA DR STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP 32703 - Vice President TITLE Delete ☐ Change Addition Diana CHOU, HEATHER NAME NAME Long fellow, Place STREET ADDRESS 6005 JESSICA DRIVE STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP A pop Ka TITLE **⊠** Delete TITLE Change Addition K. Moore WATERS, WAYNE NAME Mary K. WOOLE 9244 Beaver Love NAME STREET ADDRESS 9261 BEAVER COVE STREET ADDRESS APOPKA, FL 32703 City-ST-ZIP CITY-ST-ZIP 32703 Diec'tor TITLE Delete Addition TITLE ☐ Change LEAP, KEN NAME NAME STREET ADDRESS 5993 JESSICA DRIVE STREET ADDRESS Redfish Cove APOPKA, FL 32703 CITY-ST-ZIP CITY-ST-ZIP 32 To 2 TITI F Delete TITLE ☐ Change Addition HARPER, LUANNE Vastrick NAME NAME 9207 Longfellow Place 9239 LONGFELLOW PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition MCLAUGHLIN, HEATH NAME NAME STREET ADDRESS 5972 JESSICA DRIVE STREET ADDRESS CITY+ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP 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 attacting the statute of the corporation of the corporation

FILED

Feb 26, 2007 8:00 am