

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005502

FILED
Feb 23, 2009
Secretary of State

Entity Name: BEAR LAKE WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

390 WEST STATE RD. 434
SUITE 203
LONGWOOD, FL 327504977 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 197043
WINTER SPRINGS, FL 32719 US

New Mailing Address:

FEI Number: 59-3247574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMERSTON LLC
390 WEST S.R. 434 STE.203
LONGWOOD, FL 327504977 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: PD () Delete
Name: RATCLIFF, THOMAS
Address: 9231 LONGFELLOW
City-St-Zip: APOPKA, FL 32703

Title: SD () Delete
Name: BROUILLARD, KRISTINE
Address: 9219 LONGFELLOW
City-St-Zip: APOPKA, FL 32703

Title: VPD () Delete
Name: BRUCE, RORY
Address: 5973 JESSICA DRIVE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: GANCARZ, TERRY
Address: 9246 LONGFELLOW PLACE
City-St-Zip: APOPKA, FL 32703

Title: TD () Delete
Name: MOORE, MARY
Address: 9244 BEAVER COVE
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: LEVINE, ROGER
Address: 9305 REDFISH COVE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROUILLARD, KRISTINE
Address: 9219 LONGFELLOW PLACE
City-St-Zip: APOPKA, FL 32703

Title: DT (X) Change () Addition
Name: SPANGLER, JOHN
Address: 6029 JESSICA DRIVE
City-St-Zip: APOPKA, FL 32703

Title: DS (X) Change () Addition
Name: BRUCE, RORY
Address: 5973 JESSICA DRIVE
City-St-Zip: APOPKA, FL 32703

Title: DV (X) Change () Addition
Name: DIANA, ANNA
Address: 9221 LONGFELLOW PLACE
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change () Addition
Name: VASTRICK, TOM
Address: 9207 LONGFELLOW PLACE
City-St-Zip: APOPKA, FL 32703

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: KRISTINE BROUILLARD

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02/23/2009

Electronic Signature of Signing Officer or Director

Date