

N93000005502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

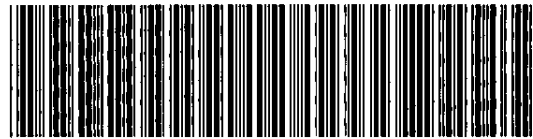
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700181563917

06/03/10--01012--014 \*\*35.00

RA Ro chg

FILED  
10 JUN -3 AM 11:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Roberts JUN 04 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BEAR LAKE WOODS HOA, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N93000005502

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GARY HOUSE  
Name of Contact Person

PREMIER COMMUNITY MANAGERS, INC.  
Firm/Company

5151 ADANSON ST SUITE 103  
Address

ORLANDO, FL 32804  
City/State and Zip Code

GARY@PREMIERCOMMUNITYMGRS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA BUTLER at ( 407 ) 696-5700 EXT 202  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BEAR LAKE WOODS HOMEOWNERS' ASSOCIATION, INC.
2. The principal office address: 390 WEST STATE ROAD 434 STE 203,  
LONGWOOD, FL 32750-4977
3. The mailing address (if different): PO BOX 197043, WINTER SPRINGS, FL 32719
4. Date of incorporation/qualification: 12/7/1993 Document number: N93000005502

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PALMERSTON LLC

390 WEST S.R. 434 SUITE 203

LONGWOOD, FL 32750-4977

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PREMIER COMMUNITY MANAGERS, INC.

5151 ADANSON ST SUITE 103

P.O. Box NOT acceptable

ORLANDO, FL 32804

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Kathryn Hamm  
Signature of an officer or director

Kathryn Hamm  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Kathryn Hamm  
Signature of Registered Agent

5.27.2010  
Date

If signing on behalf of an entity:

Kathryn Hamm  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

FILED  
10 JUN -3 AM 11:15  
TALLAHASSEE, FLORIDA  
FLORIDA DEPARTMENT OF STATE