

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90051 033 \*\*\*\*61.25

**DOCUMENT # N98000000445**

**1. Entity Name**  
**BLACK BEAR RANCH PROPERTY OWNERS**  
**ASSOCIATION, INC.**



**Principal Place of Business**  
**880 SW 20TH COURT**  
**DELRAY BEACH, FL 33445**

**Mailing Address**  
**880 SW 20TH COURT**  
**DELRAY BEACH, FL 33445**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222004

Chg-NP

CR2E037 (10/03)

**4. FEI Number**  
**65-0932658**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**STORCH, GLENN D ESQUIRE**  
**420 SOUTH NOVA ROAD**  
**DAYTONA BEACH, FL 32114**

**Name** **TRISH COLE**

**Street Address (P.O. Box Number is Not Acceptable)**  
**880 SW 20th Ct.**

**City** **Delray Beach**

**FL**

**Zip Code** **33445**

**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** *Trish Cole*

**TRISH COLE Sec/Treas.**

**1-22-04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

**\$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** **STD** ☐ Delete  
**NAME** **COLE, TRISH**  
**STREET ADDRESS** **880 SW 20TH COURT**  
**CITY-ST-ZIP** **DELRAY BEACH, FL 33445**

**TITLE** **S** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **PD** ☐ Delete  
**NAME** **ROWE, STAU**  
**STREET ADDRESS** **571 CHERRY ST.**  
**CITY-ST-ZIP** **DAYTONA BEACH, FL 32119**

**TITLE** **PD** ☒ Change ☐ Addition  
**NAME** **Rowe, STAN**  
**STREET ADDRESS** **571 Cherry St.**  
**CITY-ST-ZIP** **Daytona Beach FL 32119** *Spelling Correction*

**TITLE** **VPD** ☐ Delete  
**NAME** **HOPPE, TEO**  
**STREET ADDRESS** **860 BUCKLES RD.**  
**CITY-ST-ZIP** **PIERSON, FL 32180**

**TITLE** **VPD** ☒ Change ☐ Addition  
**NAME** **Hoppe, TED**  
**STREET ADDRESS** **860 Buckles Rd.**  
**CITY-ST-ZIP** **Pierson FL 32180** *Spelling Correction*

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**TITLE** ☐ Delete  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Trish Cole* **TRISH COLE**

**1-22-04**

**561-278-4153**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #