
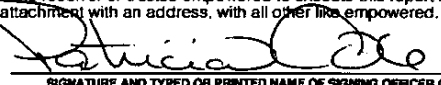


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90086 031 \*\*\*\*61.25

<b>DOCUMENT # N98000000445</b> 1. Entity Name <b>BLACK BEAR RANCH PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>880 SW 20TH COURT DELRAY BEACH, FL 33445</b>			Mailing Address <b>880 SW 20TH COURT DELRAY BEACH, FL 33445</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>65-0932658</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COLE, TRISH 8800SE 20TH CT. DAYTONA BEACH, FL 32114</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>880 SW 20th Ct.</b> <b>Delray Beach</b> City <b>FL</b> Zip Code <b>33445</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD		TITLE		
NAME	COLE, TRISH		NAME		
STREET ADDRESS	880 SW 20TH COURT		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	PD		TITLE		
NAME	ROWE, STAN		NAME		
STREET ADDRESS	571 CHERRY ST.		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32119		CITY-ST-ZIP		
TITLE	VPD		TITLE		
NAME	HOPPE, TED		NAME		
STREET ADDRESS	860 BUCKLES RD.		STREET ADDRESS		
CITY-ST-ZIP	PIERSON, FL 32180		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> 			4-12-05 561-279-4390		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		