

198000006292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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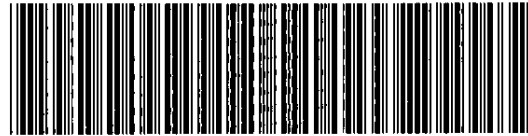
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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6-17-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Black Bear Reserve Homeowners Association Inc  
Name of Corporation

**DOCUMENT NUMBER:** N98000006292

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:

David L Burman  
Name of Contact Person

Aegis Community Management Solutions Inc  
Firm/Company

8390 Championsgate Blvd Suite 304  
Address

Championsgate FL 33896  
City/State and Zip Code

EORT12@AEGISCMS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Burman at 863 256 5052  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Black Bear Reserve Homeowners Association Inc  
2. The principal office address: 8390 Championsgate Blvd Suite 304  
Championsgate FL 33896  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/4/98 Document number: N98000006292

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)

Spencer R. Solomon  
13350 W Colonial Drive Suite 380  
Winter Garden FL 34787

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

Aegis Community Management Solutions Inc  
8390 Championsgate Blvd Suite 304  
Championsgate FL 33896  
P.O. Box NOT acceptable

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.

[Signature]  
Signature of an officer or director

MIKE GRIFFIN, DIR. Prog. Mgt. Aegis Community Management  
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.

[Signature]  
Signature of Registered Agent

6/10/11  
Date

If signing on behalf of an entity:

MIKE GRIFFIN  
Typed or Printed Name

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