

#61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000006324					
1. Entity Name THE GLEN AT BLACK BEAR RESERVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4149 ONDICH ROAD APOPKA, FL 32712			Mailing Address P O BOX 520 SORRENTO, FL 32776		
2. Principal Place of Business 24525 CR-44A		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State EUSTIS FL		City & State			
Zip 32736		Country USA		4. FEI Number 59-3543214	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LARSEN, RICHARD E ESQ. 55 EAST PINE STREET ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name: MARK CARSON Street Address (P.O. Box Number is Not Acceptable): 24525 CR-44A City: EUSTIS FL Zip Code: 32736		
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: <u>Mark P. Carson</u> MARK P. CARSON PRESIDENT & SECRETARY 7-18-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DPS CARSON, MARK P O BOX 520 SORRENTO, FL 32776	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CARSON, LEE A P O BOX 520 SORRENTO, FL 32776	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARSON, ASHLEY W P O BOX 520 SORRENTO, FL 32776	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Mark P. Carson</u> President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-18-06 352-357-5180 <small>Date Daytime Phone #</small>		

FILED

06 AUG 21 AM 7:32

2006 AUG 21 10:00 AM



07112006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-3543214	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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LARSEN, RICHARD E ESQ.
55 EAST PINE STREET
ORLANDO, FL 32801

Name MARK CARSON

Street Address (P.O. Box Number is Not Acceptable)

24525 CR-44A

City EUSTIS

FL

Zip Code 32736

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SIGNATURE: Mark P. Carson **MARK P. CARSON PRESIDENT & SECRETARY 7-18-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 6, 2006

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

TITLE	DPS	<input type="checkbox"/> Delete
NAME	CARSON, MARK	
STREET ADDRESS	P O BOX 520	
CITY-ST-ZIP	SORRENTO, FL 32776	

TITLE	DVT	<input type="checkbox"/> Delete
NAME	CARSON, LEE A	
STREET ADDRESS	P O BOX 520	
CITY-ST-ZIP	SORRENTO, FL 32776	

TITLE	D	<input type="checkbox"/> Delete
NAME	CARSON, ASHLEY W	
STREET ADDRESS	P O BOX 520	
CITY-ST-ZIP	SORRENTO, FL 32776	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

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SIGNATURE: Mark P. Carson **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-06 **352-357-5180**
Date Daytime Phone #