

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N98000006324**

1. Entity Name  
**THE GLEN AT BLACK BEAR RESERVE HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**24525 CR 44A  
EUSTIS, FL 32736**

Mailing Address  
**P O BOX 520  
SORRENTO, FL 32776**



04102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FE# Number <b>59-3543214</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**CARSON, MARK  
24525 CR 44A  
EUSTIS, FL 32736**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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 May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DPS
NAME	CARSON, MARK
STREET ADDRESS	P O BOX 520
CITY-ST-ZIP	SORRENTO, FL 32776

TITLE	DVT
NAME	CARSON, LEE A
STREET ADDRESS	P O BOX 520
CITY-ST-ZIP	SORRENTO, FL 32776

TITLE	D
NAME	CARSON, ASHLEY W
STREET ADDRESS	P O BOX 520
CITY-ST-ZIP	SORRENTO, FL 32776

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U000000892159  
04/23/08-80054-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARK P CARSON**

**3/30/08**

Date

**4072341077**

Daytime Phone #