

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006325

FILED
Apr 01, 2008
Secretary of State

Entity Name: THE VILLAGE OF BLACK BEAR RESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

107 N LINE DR
APOPKA, FL 32703

Current Mailing Address:

2180 SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

107 N LINE DR
APOPKA, FL 32703

FEI Number: 59-3543215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SUTHERLAND, THERESA D
107 N LINE DR.
APOPKA, FL 32703 US

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.

SIGNATURE: THERESA D SUTHERLAND

04/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARSON, MARK
Address: P.O. BOX 520
City-St-Zip: SORRENTO, FL 32776

Title: DVT () Delete
Name: CARSON, LEE ANN
Address: P.O. BOX 520
City-St-Zip: SORRENTO, FL 32776

Title: D () Delete
Name: CARSON, ASHLEY W
Address: 24525 CR 44A
City-St-Zip: EUSTIS, FL 32436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CARSON, MARK
Address: P.O. BOX 520
City-St-Zip: SORRENTO, FL 32776 US

Title: DVT (X) Change () Addition
Name: CARSON, LEE ANN
Address: P.O. BOX 520
City-St-Zip: SORRENTO, FL 32776 US

Title: DS (X) Change () Addition
Name: CARSON, ASHLEY W
Address: 24525 CR 44A
City-St-Zip: EUSTIS, FL 32436 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK CARSON

PD

04/01/2008

Electronic Signature of Signing Officer or Director

Date