

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # N98000006346

1. Entity Name
BLACK BEAR RESERVE WATER COMPANY



Principal Place of Business

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

Mailing Address

**P.O. BOX 520
SORRENTO, FL 32776**

DO NOT WRITE IN THIS SPACE



03172008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3542429

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

0000088955
04/17/08-80024-015 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARSON, MARK R
P.O. BOX 520 N/A
SORRENTO, FL 32776**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARSON, LEE ANN
P.O. BOX 520 N/A
SORRENTO, FL 32776**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

3/27/08 352-357-5180
Date Daytime Phone #