


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000102971  
 1. Entity Name  
 BAY LAKE ESTATES OF MASCOTTE, INC.



Principal Place of Business      Mailing Address  
 8340 AMERICAN WAY              P.O. BOX 5000  
 GROVELAND, FL 34736            GROVELAND, FL 34736

**DO NOT WRITE IN THIS SPACE**



01052008    No Chg-P    CR2E034 (11/05)

4. FEI Number 20-1541270	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 FULMER, TIMOTHY A  
 8340 AMERICAN WAY  
 GROVELAND, FL 34736

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relistating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FULMER, CARROLL L
STREET ADDRESS	11050 AUTUMN LN
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	FULMER, BARBARA B
STREET ADDRESS	11050 AUTUMN LN
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	TURNER, CYNTHIA F
STREET ADDRESS	12928 LOOKINGBULL LN
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	FULMER, PHILIP R
STREET ADDRESS	8000 CHERRY LAME RD
CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	D
NAME	FULMER, CARROLL A
STREET ADDRESS	11610 OSPREY POINTE BLVD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D
NAME	FULMER, TIMOTHY A
STREET ADDRESS	13045 SUGAR BLUFF RD
CITY-ST-ZIP	CLERMONT, FL 34711

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 04/29/06-80186-006 158.75

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other title empowered.

SIGNATURE  **Timothy A. Fulmer**    4-7-2006    352-429-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #