


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90052 002 ***158.75

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




02012007 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:  **2/19/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$530.00

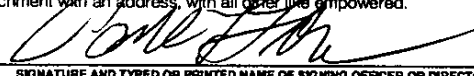
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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

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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 all other like empowered.

SIGNATURE:  **2/7/07** **252 429 5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **6X 1201**