

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102971

FILED
Mar 10, 2010
Secretary of State

Entity Name: BAY LAKE ESTATES OF MASCOTTE, INC.

Current Principal Place of Business:

8340 AMERICAN WAY
GROVELAND, FL 34736

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5000
GROVELAND, FL 34736

New Mailing Address:

8340 AMERICAN WAY
GROVELAND, FL 34736

FEI Number: 20-1541270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FULMER, TIMOTHY A
8340 AMERICAN WAY
GROVELAND, FL 34736 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: FULMER, CARROLL L
Address: 11050 AUTUMN LN
City-St-Zip: CLERMONT, FL 34711

Title: D
Name: FULMER, BARBARA B
Address: 11050 AUTUMN LN
City-St-Zip: CLERMONT, FL 34711

Title: D
Name: TURNER, CYNTHIA F
Address: 12928 LOOKINGBULL LN
City-St-Zip: CLERMONT, FL 34711

Title: D
Name: FULMER, PHILIP R
Address: 8000 CHERRY LAME RD
City-St-Zip: GROVELAND, FL 34736

Title: D
Name: FULMER, CARROLL A
Address: 11610 OSPREY POINTE BLVD
City-St-Zip: CLERMONT, FL 34711

Title: D
Name: FULMER, TIMOTHY A
Address: 13045 SUGAR BLUFF RD
City-St-Zip: CLERMONT, FL 34711

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY A. FULMER

D

03/10/2010

Electronic Signature of Signing Officer or Director

_____ Date