2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006346

Entity Name: BLACK BEAR RESERVE WATER CORPORATION

FILED Jan 17, 2018 **Secretary of State** CC6519557872

Current Principal Place of Business:

C/O AEGIS COMMUNITY MANAGEMENT SOLUTIONS, INC. 8390 CHAMPIONSGATE BLVD. SUITE 304 CHAMPIONSGATE, FL 33896

Current Mailing Address:

C/O AEGIS COMMUNITY MANAGEMENT SOLUTIONS, INC. 8390 CHAMPIONSGATE BLVD. SUITE 304 CHAMPIONSGATE, FL 33896 US

FEI Number: 59-3542429 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AEGIS COMMUNITY MANAGEMENT SOLUTIONS INC. 8390 CHAMPIONSGATE BLVD **STE 304** CHAMPIONSGATE, FL 33896 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: DAVID L.BURMAN 01/17/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title

Title **PRESIDENT** Title

Name DONIHI, TIM Name SMITH, WAYNE

Address 8390 CHAMPIONSGATE BLVD Address 8390 CHAMPIONSGATE BLVD

STE 304 SUITE 304

City-State-Zip: CHAMPIONSGATE FL 33896 City-State-Zip: CHAMPIONSGATE FL 33896

DIRECTOR DIRECTOR Name SHANNON, BRIAN Name PARDUE, GARY

Address C/O AEGIS COMMUNITY Address C/O AEGIS COMMUNITY

> MANAGEMENT SOLUTIONS, INC. MANAGEMENT SOLUTIONS, INC. 8390 CHAMPIONSGATE BLVD. SUITE 8390 CHAMPIONSGATE BLVD. SUITE

Title

City-State-Zip: CHAMPIONSGATE FL 33896 City-State-Zip: CHAMPIONSGATE FL 33896

Title **DIRECTOR** Title **SECRETARY** Name LEWIS, LISA Name FAYNE, DEREK

C/O AEGIS COMMUNITY Address C/O AEGIS COMMUNITY Address

MANAGEMENT SOLUTIONS, INC. MANAGEMENT SOLUTIONS, INC. 8390 CHAMPIONSGATE BLVD. SUITE 8390 CHAMPIONSGATE BLVD. SUITE

304

City-State-Zip: CHAMPIONSGATE FL 33896 City-State-Zip: CHAMPIONSGATE FL 33896

Title **TREASURER** Name RILEY, SAM

C/O AEGIS COMMUNITY Address

> MANAGEMENT SOLUTIONS, INC. 8390 CHAMPIONSGATE BLVD. SUITE

304

City-State-Zip: CHAMPIONSGATE FL 33896

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 617, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIM DONIHI PRESIDENT 01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date