

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90159 033 \*\*\*\*61.25

**DOCUMENT # 727430**

1. Entity Name

**BLUEBERRY BAY RECREATION ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**NE 205 TERRACE  
P.O. 547  
EARLETON FL 32631  
US**

**NE 205 TERRACE  
P.O. 547  
EARLETON FL 32631  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2901746**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GORDON, WILLIAM K.  
ST. RD. 26 & GROVE ST.  
MELROSE FL 32666**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME **TD**  
STREET ADDRESS **BIRD, PAUL L.**  
CITY-ST-ZIP **11930 NE 205TH TERRACE  
EARLETON FL** ☐ Delete

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **PD**  
STREET ADDRESS **FELDTHAUSEN, KARL**  
CITY-ST-ZIP **11810 NE 203 TERRACE  
EARLETON FL 32631** ☒ Delete

TITLE  
NAME **PD**  
STREET ADDRESS **RICHTERS, DON**  
CITY-ST-ZIP **20415 NE 117 AVENUE  
EARLETON FL 32631** ☒ Change ☒ Addition

TITLE  
NAME **VD**  
STREET ADDRESS **ZUKOWSKI, MARY**  
CITY-ST-ZIP **CR 1469 AT NE 205 TERRACE  
EARLETON FL** ☒ Delete

TITLE  
NAME **VD**  
STREET ADDRESS **BOLANDER, RAY**  
CITY-ST-ZIP **20529 NE 114 AVENUE  
EARLETON FL 32631** ☒ Change ☒ Addition

TITLE  
NAME **DS**  
STREET ADDRESS **BIRD, VIRGINIA K.**  
CITY-ST-ZIP **11930 NE 205TH TERRACE  
EARLETON FL 32631** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

**PAUL L. BIRD**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 7 2002**

Date

Daytime Phone #

**(352)  
468-1297**

CR2E037 (9/01)