


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # 727430 1. Entity Name BLUEBERRY BAY RECREATION ASSOCIATION, INC.	
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Principal Place of Business NE 205 TERRACE P.O. 547 EARLETON, FL 32631 US	Mailing Address NE 205 TERRACE P.O. 547 EARLETON, FL 32631 US
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01192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2901746	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GORDON, WILLIAM K. ST. RD. 28 & GROVE ST. MELROSE, FL 32666
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**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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

000000424477
02/18/06-80050-020 61 25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIRD, PAUL L. 11930 NE 205TH TERRACE EARLETON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BIRD, VIRGINIA K. 11930 NE 205TH TERRACE EARLETON, FL 32631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOLANDER, RAY 20529 NE 114 AVE EARLETON, FL 32631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIZE, PAUL PO BOX 27 EARLETON, FL 32631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 PAUL L BIRD JAN 25 2006 (352) 468-1297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #