## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#727430** 

FILED Mar 18, 2009 Secretary of State

Entity Name: BLUEBERRY BAY RECREATION ASSOCIATION, INC.

urrent Pr	incipal Place	of Business:	New Principal Pla	ce of Business:
	_		pui i iu	
E 205 TEI .O. 148	RRACE			
	N, FL 32631	US		
urrent Ma	ailing Addres	s:	New Mailing Addr	ress:
E 205 TEI	RRACE			
O. 148		ПО		
	N, FL 32631	US		
i Number:	59-2901746	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ıme and	Address of C	urrent Registered Agent:	Name and Addres	s of New Registered Agent:
T. RD. 26	WILLIAM K. & GROVE ST . FL 32666	US		
		submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,
the State	of Florida. E:	·		
the State	of Florida. E:	submits this statement for the particles of Registered Against Signature Of Registered Against		ered office or registered agent, or both,  Date
the State GNATUR	of Florida. E:	ic Signature of Registered Ag	ent	
the State GNATUR FFICERS	of Florida. EE: Electron  AND DIREC	ic Signature of Registered Ag	ent	Date
the State GNATUR FFICERS e: ne:	of Florida.  Electron  AND DIREC  TD ()  KERR, NANCY	ic Signature of Registered Ago TORS: Delete C	ent  ADDITIONS/CHAN  Title:  Name:	Date NGES TO OFFICERS AND DIRECTOR
the State GNATUR FFICERS e: me: dress:	of Florida.  Electron  AND DIREC  TD ()  KERR, NANCY 11808 NE 205	ic Signature of Registered Ago TORS: Delete C TERRACE	ent  ADDITIONS/CHAN  Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTOR
the State GNATUR FFICERS e: ne: tress: y-St-Zip:	Electron  AND DIREC  TD ()  KERR, NANCY 11808 NE 205  EARLETON, FL	ic Signature of Registered Age  TORS:  Delete C TERRACE 32631	ent  ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:	Date  NGES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANCY C KERR TD 03/18/2009