

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 16 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742327 (0)

1. Corporation Name
BLACKBURN SHORES HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
412 WATERSIDE LANE 412 WATERSIDE LANE
NOKOMIS FL 34275 NOKOMIS FL 34275
US US

3. Date Incorporated or Qualified 04/10/1978 3a. Date of Last Report 02/22/1994
4. FEI Number 65-0393047 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
REICHEL, DAVID K
410 WATERSIDE LANE
NOKOMIS FL 34275

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE David K. Reichel, TREASURER/DIRECTOR DATE 2/18/95
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	REICHEL, DAVID K
STREET ADDRESS	410 WATERSIDE LANE
CITY-ST-ZIP	NOKOMIS FL
TITLE	DP
NAME	WILCOX, DONALD
STREET ADDRESS	412 WATERSIDE LANE
CITY-ST-ZIP	NOKOMIS FL
TITLE	D
NAME	ADAMS, WALTER
STREET ADDRESS	404 WATERSIDE LANE
CITY-ST-ZIP	NOKOMIS FL
TITLE	DP
NAME	CALANDRA, MICHAEL
STREET ADDRESS	403 WATERSIDE LANE
CITY-ST-ZIP	NOKOMIS FL
TITLE	DP
NAME	MURSE, JOHN
STREET ADDRESS	413 WATERSIDE LANE
CITY-ST-ZIP	NOKOMIS FL
TITLE	DS
NAME	WASSENAAR, DR JOHN
STREET ADDRESS	408 WATERSIDE LANE
CITY-ST-ZIP	NOKOMIS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	DP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DR. BRIK REBILD
5.3 STREET ADDRESS	421 WATERSIDE LANE
5.4 CITY-ST-ZIP	NOKOMIS, FL 34275
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: M. Calandra President/dir. DATE 3-10-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type in Block 13)
MICHAEL CALANDRA