

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **742327** (0)

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



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

3. Date Incorporated or Qualified **04/10/1978** 3a. Date of Last Report **03/16/1995**

2. Principal Place of Business 21 2a. Mailing Address 26

4. FEI Number **65-0393047** Applied For Not Applicable

Suite, Apt. #, etc. 22 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State 23 28

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country 24 25 29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REICHEL, DAVID K
410 WATERSIDE LANE
NOKOMIS FL 34275**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *David K. Reichel* **DIRECTOR/TREASURER** **2-8-96**
Signature, typed or printed name, of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	REICHEL, DAVID K	
STREET ADDRESS	410 WATERSIDE LANE	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILCOX, DONALD	
STREET ADDRESS	412 WATERSIDE LANE	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, WALTER	
STREET ADDRESS	404 WATERSIDE LANE	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CALANDRA, MICHAEL	
STREET ADDRESS	403 WATERSIDE LANE	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	REBILD, ERIK	
STREET ADDRESS	421 WATERSIDE LANE	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	WASSENAAR, DR JOHN	
STREET ADDRESS	408 WATERSIDE LANE	
CITY - ST - ZIP	NOKOMIS FL	

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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D ANTON KOZAK
2.3 STREET ADDRESS	406 WATERSIDE LANE
2.4 CITY - ST - ZIP	NOKOMIS, FL 34275
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DP KEITH WOODARD
3.3 STREET ADDRESS	409 WATERSIDE LANE
3.4 CITY - ST - ZIP	NOKOMIS, FL 34275
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DV WAYNE SELBY
5.3 STREET ADDRESS	419 WATERSIDE LANE
5.4 CITY - ST - ZIP	NOKOMIS, FL 34275
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DS DONALD BEIDASH
6.3 STREET ADDRESS	405 WATERSIDE LANE
6.4 CITY - ST - ZIP	NOKOMIS, FL 34275

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Keith Woodard* **DIRECTOR/PRESIDENT** **2-8-96** **813-966-2563**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)