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Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

412 WATERSIDE LANE  
NOKOMIS FL 34275-1484  
US

3. Date Incorporated or Qualified  
04/10/1978

3a. Date of Last Report  
02/09/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0393047

Applied For  
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

24

25

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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

2-18-97

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  DELETE  
NAME TD REICHEL, DAVID K  
STREET ADDRESS 410 WATERSIDE LANE  
CITY-ST-ZIP NOKOMIS FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME ~~D~~ KOZAK, ANTON  
STREET ADDRESS 406 WATERSIDE LANE  
CITY-ST-ZIP NOKOMIS FL

2.1 TITLE DP  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME ~~DP~~ WOODARD, KEITH  
STREET ADDRESS ~~408 WATERSIDE LANE~~  
CITY-ST-ZIP ~~NOKOMIS FL~~

3.1 TITLE  Change  Addition  
3.2 NAME D PETER FIORETTI  
3.3 STREET ADDRESS 411 WATERSIDE LANE  
3.4 CITY-ST-ZIP NOKOMIS, FL 34275

TITLE  DELETE  
NAME ~~D~~ GALANDRA, MICHAEL  
STREET ADDRESS ~~403 WATERSIDE LANE~~  
CITY-ST-ZIP ~~NOKOMIS FL~~

4.1 TITLE  Change  Addition  
4.2 NAME D DONALD WILCOX  
4.3 STREET ADDRESS 412 WATERSIDE LANE  
4.4 CITY-ST-ZIP NOKOMIS, FL 34275

TITLE  DELETE  
NAME ~~DV~~ SELBY, WAYNE  
STREET ADDRESS ~~418 WATERSIDE LANE~~  
CITY-ST-ZIP ~~NOKOMIS FL~~

5.1 TITLE  Change  Addition  
5.2 NAME DV JANE REBILD  
5.3 STREET ADDRESS 421 WATERSIDE LANE  
5.4 CITY-ST-ZIP NOKOMIS, FL 34275

TITLE  DELETE  
NAME DS BEIDASH, DONALD  
STREET ADDRESS 405 WATERSIDE LANE  
CITY-ST-ZIP NOKOMIS FL

6.1 TITLE  Change  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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, in an attachment with an address.

SIGNATURE:

*Anton Kozak* DIRECTOR/PRESIDENT 2-18-97 941-966-2796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-0000

CFR2E037 (9/96)