

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 03 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 742327 (0)**

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



Principal Place of Business <b>412 WATERSIDE LANE NOKOMIS FL 34275 US</b>	Mailing Address <b>412 WATERSIDE LANE NOKOMIS FL 34275 US</b>
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3. Date Incorporated or Qualified  
**04/10/1978**

4. FEI Number  
**65-0393047**

Applied For  Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  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

B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 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** DATE **2/25/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>REICHEL, DAVID K</b>	
STREET ADDRESS	<b>410 WATERSIDE LANE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>KOZAK, ANTON</b>	
STREET ADDRESS	<b>408 WATERSIDE LANE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>PETER FIORETTI</del>	
STREET ADDRESS	<del>411 WATERSIDE LN</del>	
CITY-ST-ZIP	<del>NOKOMIS FL</del>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>DONALD WILCOX</del>	
STREET ADDRESS	<del>413 WATERSIDE LANE</del>	
CITY-ST-ZIP	<del>NOKOMIS FL</del>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>JANE REBILD</b>	
STREET ADDRESS	<b>421 WATERSIDE LANE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	<del>DC</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>DEIDASH, DONALD</del>	
STREET ADDRESS	<del>405 WATERSIDE LANE</del>	
CITY-ST-ZIP	<del>NOKOMIS FL</del>	

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	<input 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 checked="" type="checkbox"/> Addition
3.2 NAME	<b>D LLOYD HAACK</b>
3.3 STREET ADDRESS	<b>409 WATERSIDE LN</b>
3.4 CITY-ST-ZIP	<b>NOKOMIS, FL 34275</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D DEBBIE WASSENAAR</b>
4.3 STREET ADDRESS	<b>408 WATERSIDE LN</b>
4.4 CITY-ST-ZIP	<b>NOKOMIS, FL 34275</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D/S ANN FIORETTI</b>
6.3 STREET ADDRESS	<b>411 WATERSIDE LN</b>
6.4 CITY-ST-ZIP	<b>NOKOMIS, FL 34275</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Anton Kozak* **ANTON KOZAK, DIRECTOR** DATE **2/25/98** 941-966-2796

CP2E037 (10/97)