

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90178 019 ****61.25

DOCUMENT # 742327

1. Entity Name

BLACKBURN SHORES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

**412 WATERSIDE LANE
 NOKOMIS FL 34275
 US**

Mailing Address

**403 WATERSIDE LANE
 NOKOMIS FL 34275
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0393047

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALANDRA, MICHAEL
 403 WATERSIDE LN
 NOKOMIS FL 34275**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	CALANDRA, MICHAEL	410 WATERSIDE LANE	NOKOMIS FL	<input type="checkbox"/>
DV	LEVINSKY, CANDY	408 WATERSIDE LN	NOKOMIS FL	<input checked="" type="checkbox"/>
DP	STEWART, ALLEN	417 WATERSIDE LN	NOKOMIS FL 34275	<input checked="" type="checkbox"/>
DS	JANE REBILD	421 WATERSIDE LANE	NOKOMIS FL	<input checked="" type="checkbox"/>
D	URSE, LUCY	413 WATERSIDE LANE	NOKOMIS FL 34275	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DV	Jan Piet Karssiens	404 Waterside Ln.	Nokomis, FL 34275	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DP	Jane Rebild	421 Waterside Ln	Nokomis, FL 34275	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	Jan Piet Karssiens	404 Waterside Ln	Nokomis, FL 34275	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Don Wilcox	412 Waterside Ln	Nokomis, FL 34275	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/01)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Calandra*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-966-3650

7-10-02