


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90031 039 ****61.25

| | | | | | |
|---|---|--|---|--|--|
| DOCUMENT # 742327 | | | |  | |
| 1. Entity Name BLACKBURN SHORES HOMEOWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 401 WATERSIDE LANE NOKOMIS, FL 34275 US | | | Mailing Address 401 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 <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004. | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CHRISTOFFEL, JOHN | NAME | 401 WATERSIDE LN | | |
| STREET ADDRESS | 410 WATERSIDE LANE | STREET ADDRESS | | | |
| CITY-ST-ZIP | NOKOMIS, FL 34275 | CITY-ST-ZIP | | | |
| TITLE | DP <input checked="" type="checkbox"/> Delete | TITLE | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | KARSSLEMS, JAN PIET | NAME | MESSINA, LEE | | |
| STREET ADDRESS | 404 WATERSIDE LANE | STREET ADDRESS | 406 WATERSIDE LN | | |
| CITY-ST-ZIP | NOKOMIS, FL 34275 | CITY-ST-ZIP | NOKOMIS, FL 34275 | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | | | |
| NAME | WERDEN, CAROL | NAME | | | |
| STREET ADDRESS | 419 WATERSIDE LANE | STREET ADDRESS | | | |
| CITY-ST-ZIP | NOKOMIS, FL 34275 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | STEWART, JANE | NAME | | | |
| STREET ADDRESS | 417 WATERSIDE LANE | STREET ADDRESS | | | |
| CITY-ST-ZIP | NOKOMIS, FL 34275 | CITY-ST-ZIP | | | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | REICHEL, DAVID | NAME | RHODES, TRACY | | |
| STREET ADDRESS | 410 WATERSIDE LANE | STREET ADDRESS | 415 WATERSIDE LN | | |
| CITY-ST-ZIP | NOKOMIS, FL 34275 | CITY-ST-ZIP | NOKOMIS, FL 34275 | | |
| TITLE | | TITLE | | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 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: <i>John Christoffel</i> President | | Date: 2-5-04 | | Daytime Phone #: 941-918-2820 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN. CHRISTOFFEL | | | | | |