

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 08, 2005  
Secretary of State**

DOCUMENT# 742327

Entity Name: BLACKBURN SHORES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

401 WATERSIDE LANE  
NOKOMIS, FL 34275 US

**New Principal Place of Business:**

**Current Mailing Address:**

401 WATERSIDE LANE  
NOKOMIS, FL 34275 US

**New Mailing Address:**

FEI Number: 65-0393047      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALANDRA, MICHAEL  
403 WATERSIDE LN  
NOKOMIS, FL 34275 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHRISTOFFEL, JOHN  
Address: 401 WATERSIDE LN  
City-St-Zip: NOKOMIS, FL 34275

Title: TD ( ) Delete  
Name: MESSINA, LEE  
Address: 406 WATERSIDE LANE  
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete  
Name: WERDEN, CAROL  
Address: 419 WATERSIDE LANE  
City-St-Zip: NOKOMIS, FL 34275

Title: SD ( ) Delete  
Name: STEWART, JANE  
Address: 417 WATERSIDE LANE  
City-St-Zip: NOKOMIS, FL 34275

Title: D ( ) Delete  
Name: RHODES, TRACY  
Address: 415 WATERSIDE LN  
City-St-Zip: NOKOMIS, FL 34275

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: CHRISTOFFEL, JOHN  
Address: 401 WATERSIDE LN  
City-St-Zip: NOKOMIS, FL 34275

Title: PD (X) Change ( ) Addition  
Name: BLAIR, JEANETTE  
Address: 402 WATERSIDE LANE  
City-St-Zip: NOKOMIS, FL 34275

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CARLSON, GILL  
Address: 400 WATERSIDE LANE  
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CHRISTOFFEL

TD

03/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date