

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742327

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: BLACKBURN SHORES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

403 WATERSIDE LANE  
NOKOMIS, FL 34275 US

**New Principal Place of Business:**

**Current Mailing Address:**

403 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: TD ( ) Delete  
Name: CALANDRA, MICHAEL  
Address: 403 WATERSIDE LN  
City-St-Zip: NOKOMIS, FL 34275

Title: PD ( ) Delete  
Name: MURSE, JOHN  
Address: 413 WATERSIDE LANE  
City-St-Zip: NOKOMIS, FL 34275

Title: VPD ( ) Delete  
Name: PADULA, NORM  
Address: 406 WATERSIDE LANE  
City-St-Zip: NOKOMIS, FL 34275

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

Title: SD ( ) Delete  
Name: PEIRANO, JOHN  
Address: 409 WATERSIDE LN  
City-St-Zip: NOKOMIS, FL 34275

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL CALANDRA

TD

04/21/2008

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

\_\_\_\_\_  
Date