

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742327

FILED
Feb 19, 2009
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:

CALANDRA, MICHAEL J
403 WATERSIDE LN
NOKOMIS, FL 34275 US

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: MICHAEL J CALANDRA

02/19/2009

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: BLAIR, JEANNETTE
Address: 402 WATERSIDE LANE
City-St-Zip: NOKOMIS, FL 34275

Title: SD () Delete
Name: CHRISTOFFEL, BETH
Address: 401 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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 J CALANDRA

TREA

02/19/2009

Electronic Signature of Signing Officer or Director

Date