

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90050 028 \*\*\*\*61.25

DOCUMENT # 742327

1. Entity Name  
**BLACKBURN SHORES HOMEOWNERS' ASSOCIATION, INC.**



11005772



CHECK HERE IF MAKING CHANGES

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  
**401 WATERSIDE LANE**

3. Mailing Address  
**401 WATERSIDE LANE**

Suite, Apt. #, etc.  
**NOKOMIS**

City & State  
**NOKOMIS FL**

City & State  
**NOKOMIS FL**

Zip  
**34275**

Country  
**US**

4. FEI Number **65-0393047**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CALANDRA, MICHAEL  
403 WATERSIDE LN  
NOKOMIS FL 34275**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CALANDRA, MICHAEL</b>	
STREET ADDRESS	<b>410 WATERSIDE LANE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>KARSSLEMS, JAN PIET</b>	
STREET ADDRESS	<b>405 WATERSIDE LANE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>REBILD, JANE</b>	
STREET ADDRESS	<b>421 WATERSIDE LANE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KARSIEMS, JAN PIET</b>	
STREET ADDRESS	<b>404 WATERSIDE LANE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILCOX, DON</b>	
STREET ADDRESS	<b>413 WATERSIDE LANE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHRISTOFFEL, JOHN</b>	
STREET ADDRESS	<b>401 WATERSIDE LANE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KARSSIENS, JAN PIET</b>	
STREET ADDRESS	<b>404 WATERSIDE LANE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WERDEN, CAROL</b>	
STREET ADDRESS	<b>419 WATERSIDE LANE</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEWART, JANE</b>	
STREET ADDRESS	<b>417 WATERSIDE LANE</b>	
CITY-ST-ZIP	<b>NOKOMIS, FL 34275</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REICHEL, DAVID</b>	
STREET ADDRESS	<b>410 WATERSIDE LANE</b>	
CITY-ST-ZIP	<b>NOKOMIS, FL 34275</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: John H Christoffel **JOHN H CHRISTOFFEL**  
DIRECTOR 4/17/03 941-918-2820

CR2E037 (10/02)