
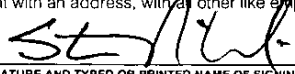


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90190 009 ****61.25

DOCUMENT # N06000002816					
1. Entity Name COTTAGES AT BLU VISTA HOMEOWNERS' ASSOCIATION OF MANATEE COUNTY, INC.					
Principal Place of Business 8229 BLAIKIE CT SARASOTA, FL 34240		Mailing Address 8229 BLAIKIE CT SARASOTA, FL 34240			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5923732	
				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		
DUNLAP, SCOTT W ESQ. 1990 MAIN STREET, 7TH FLOOR SARASOTA, FL 34236			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 _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	NAME		TITLE	NAME	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	Luis Solari		STREET ADDRESS		
CITY-ST-ZIP	6607 Butlers Crest Bradenton, FL 34203		CITY-ST-ZIP		
TITLE	NAME		TITLE	NAME	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	VP Stephen T. Rinehart		STREET ADDRESS		
CITY-ST-ZIP	6906 River Birch Ct. Bradenton, FL 34202		CITY-ST-ZIP		
TITLE	NAME		TITLE	NAME	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS	Lynn Eby		STREET ADDRESS		
CITY-ST-ZIP	2843 E. Mark Dr. Sarasota, FL 34232		CITY-ST-ZIP		
TITLE	NAME		TITLE	NAME	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME		TITLE	NAME	
	Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 exemptions contained 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 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: 		Stephen Rinehart		4/9/07 941-379-0275	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40068218



04092007 Chg-NP CR2E037 (12/06)