
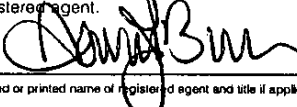
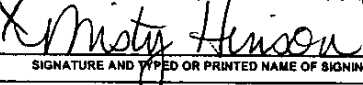


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90034 046 ****61.25

DOCUMENT # N06000008545			
1. Entity Name BLACKWATER OAKS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 120 ALLAMANDA DRIVE LAKELAND, FL 33803		Mailing Address 120 ALLAMANDA DRIVE LAKELAND, FL 33803	
2. Principal Place of Business - No P.O. Box # 121 Raintree Ct		3. Mailing Address PO Box 95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Auburndale FL		City & State Auburndale FL	
Zip 33823		Country	
Country		Zip 33823	
Country		Country	
4. FEI Number APPLIED FOR 208899172		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 CLARKSON, KEITH 120 ALLAMANDA DRIVE LAKELAND, FL 33803		7. Name and Address of New Registered Agent Name: David L Burman Street Address (P.O. Box Number is Not Acceptable): 121 Raintree Ct City: Auburndale FL Zip Code: 33823	
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: 2-5-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 STREET ADDRESS CITY-ST-ZIP	PD CLARKSON, KEITH 120 ALLAMANDA DRIVE LAKELAND, FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINTZ, FRED 120 ALLAMANDA DRIVE LAKELAND, FL 33803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Misty Hinson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5060 Lunn Rd Lakeland FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CASTANET, LISA 120 ALLAMANDA DRIVE LAKELAND, FL 33803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Lucas Martin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5060 Lunn Rd Lakeland FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Misty Hinson Date: 2-8-08 Daytime Phone #			

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02032008 Chg-NP CR2E037 (12/06)