

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008545

FILED  
Jan 18, 2011  
Secretary of State

**Entity Name:** BLACKWATER OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8390 CHAMPIONSGATE BLVD.  
SUITE 304  
CHAMPIONSGATE, FL 33896 US

**New Principal Place of Business:**

**Current Mailing Address:**

8390 CHAMPIONSGATE BLVD.  
SUITE 304  
CHAMPIONSGATE, FL 33896 US

**New Mailing Address:**

**FEI Number:** 20-8899172      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AEGIS COMMUNITY MANAGEMENT SOLUTIONS, INC.  
8390 CHAMPIONSGATE BLVD.  
SUITE 304  
CHAMPIONSGATE, FL 33896 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: P  
Name: JONES, MELVIN  
Address: 8390 CHAMPIONSGATE BLVD., SUITE 304  
City-St-Zip: CHAMPIONSGATE, FL 33896 US

Title: VP  
Name: REYNOLDS, RACHEL  
Address: 8390 CHAMPIONSGATE BLVD., SUITE 304  
City-St-Zip: CHAMPIONSGATE, FL 33896 US

Title: S/T  
Name: CAMPBELL, KATIE  
Address: 8390 CHAMPIONSGATE BLVD., SUITE 304  
City-St-Zip: CHAMPIONSGATE, FL 33896 US

I hereby 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 all other like empowered.

SIGNATURE: MELVIN JONES

P

01/18/2011

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

\_\_\_\_\_  
Date