

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008545

FILED
Jan 11, 2012
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 (X)**

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: MARTIN, DEANE
Address: 8390 CHAMPIONSGATE BLVD., SUITE 304
City-St-Zip: CHAMPIONSGATE, FL 33896 US

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

Title: D
Name: GRINATH, ART
Address: 8390 CHAMPIONSGATE BLVD., SUITE 304
City-St-Zip: CHAMPIONSGATE, FL 33896

Title: D
Name: LINVILLE, CAROL
Address: 8390 CHAMPIONSGATE BLVD., SUITE 304
City-St-Zip: CHAMPIONSGATE, FL 33896

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

PRES

01/11/2012

Electronic Signature of Signing Officer or Director

Date