

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 11:00

DOCUMENT # **N35732** (9)

1. Corporation Name

**BLACKBURN POINT WOODS HOMEOWNERS ASSOCIATION, IN C.**

Principal Place of Business

Mailing Address

POB 344  
OSPREY FL 34229

POB 344  
OSPREY FL 34229

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/15/1989** 3a. Date of Last Report **02/28/1994**

4. FBI Number **65-0227623** Applied For  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERRY, JOHN M.  
315 WOODS POINT ROAD  
P.O. BOX 344  
OSPREY FL 34229

81 Name **high house Management & Realty**  
82 Street Address (P.O. Box Number is Not Acceptable) **230 S. Tamiami Trail**  
83  
84 City **Osprey** FL 85 Zip Code **34229**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such changes are authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

*[Signature]*

5-18-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SO**  
NAME **GERMAN, FRED**  
STREET ADDRESS **312 WOODS POINT RD**  
CITY - ST - ZIP **OSPREY FL**

11 TITLE **ASTO**  Change  Addition  
12 NAME **Harvey Brown**  
13 STREET ADDRESS **216 Woods Point Rd.**  
14 CITY - ST - ZIP **Osprey, FL 34229**

TITLE **PD**  
NAME **PERRY, JOHN**  
STREET ADDRESS **315 WOODS POINT RD**  
CITY - ST - ZIP **OSPREY FL**

21 TITLE **P**  Change  Addition  
22 NAME **Dennis Fried**  
23 STREET ADDRESS **431 Oak Point Rd.**  
24 CITY - ST - ZIP **Osprey, FL 34229**

TITLE **TD**  
NAME **CASPER, JOSEPH M**  
STREET ADDRESS **235 WOODS POINT RD**  
CITY - ST - ZIP **OSPREY FL**

31 TITLE **Dir.**  Change  Addition  
32 NAME **Charlet Stradel**  
33 STREET ADDRESS **275 Woods Point Rd.**  
34 CITY - ST - ZIP **Osprey, FL 34229**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE **Dir.**  Change  Addition  
42 NAME **Marjory Moran**  
43 STREET ADDRESS **219 Woods Point Rd.**  
44 CITY - ST - ZIP **Osprey, FL 34229**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DENNIS FRIED**

5/13/95 813-379-0881  
Date Office Phone #