

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N35732 (9)

1. Corporation Name
BLACKBURN POINT WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
~~POB 344 OSPREY FL 34229~~ ~~POB 344 OSPREY FL 34229~~

3. Date Incorporated or Qualified **12/15/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address

21 **Lighthouse Mgmt of Realty** 26 Suite, Apt. #, etc.

22 **16 Church St** 27 City & State

23 **Osprey FL** 28 City & State

24 **34229** 25 **Sarasota** 29 Zip 30 Country

4. FEI 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**

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

9. Name and Address of Current Registered Agent
**LIGHTHOUSE MANAGEMENT REALTY
696 S. TAMAMI TRAIL
P.O. BOX 344
OSPREY FL 34229**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **16 CHURCH STREET**
83
84 City **OSPREY** FL 85 Zip Code **34229**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 change was 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* AGENT Asst Sec. DATE: **4-1-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	AS Keith, J. Lloyd <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERMAN, FRED	1.2 NAME	
STREET ADDRESS	312 WOODS POINT RD	1.3 STREET ADDRESS	16 Church St
CITY-ST-ZIP	OSPREY FL	1.4 CITY-ST-ZIP	Osprey FL 34229
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIED, DENNIS	2.2 NAME	
STREET ADDRESS	431 OAK POINT RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASPER, JOSEPH M	3.2 NAME	
STREET ADDRESS	235 WOODS POINT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, HARVEY	4.2 NAME	
STREET ADDRESS	216 WOOD POINT RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRADEL, CHARLET	5.2 NAME	
STREET ADDRESS	275 WOODS POINT RD.	5.3 STREET ADDRESS	800001798318
CITY-ST-ZIP	OSPREY FL	5.4 CITY-ST-ZIP	-04/29/96--01037--024
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, MAJORY	6.2 NAME	
STREET ADDRESS	219 WOODS POINT RD.	6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	OSPREY FL	6.4 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* AGENT Asst Sec. DATE: **4-1-96** 941-966-6844

CR2E037 (12/95)