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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35732 (9)

1. Corporation Name
BLACKBURN POINT WOODS HOMEOWNERS ASSOCIATION, IN C.



Principal Place of Business LIGHTHOUSE MNGEMENT REALTY 16 CHURCH STREET OSPREY FL 34229	Mailing Address LIGHTHOUSE MNGEMENT REALTY 16 CHURCH STREET OSPREY FL 34229-9349
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3. Date Incorporated or Qualified 12/15/1989	3a. Date of Last Report 04/26/1996
4. FEI Number 65-0227623	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MILLER MANAGEMENT SERVICES, INC.
2826 PROCTOR RD.
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME GERMAN, FRED	
STREET ADDRESS 312 WOODS POINT RD	
CITY-ST-ZIP OSPREY FL	
TITLE P	<input checked="" type="checkbox"/> DELETE
NAME FRIED, DENNIS	
STREET ADDRESS 431 OAK POINT RD.	
CITY-ST-ZIP OSPREY FL	
TITLE AS	<input checked="" type="checkbox"/> DELETE
NAME LLOYD, KEITH J	
STREET ADDRESS 16 CHURCH ST	
CITY-ST-ZIP OSPREY FL 34229	
TITLE TD	<input type="checkbox"/> DELETE
NAME BROWN, HARVEY	
STREET ADDRESS 216 WOOD POINT RD.	
CITY-ST-ZIP OSPREY FL	
TITLE D	<input type="checkbox"/> DELETE
NAME STRADEL, CHARLET	
STREET ADDRESS 275 WOODS POINT RD.	
CITY-ST-ZIP OSPREY FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MORAN, MAJORY	
STREET ADDRESS 219 WOODS POINT RD.	
CITY-ST-ZIP OSPREY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Teck Wilson	
1.3 STREET ADDRESS 272 Woods Point Road	
1.4 CITY-ST-ZIP Osprey, FL 34229	
2.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME James C. White	
2.3 STREET ADDRESS 471 Oak Point Road	
2.4 CITY-ST-ZIP Osprey, FL 34229	
3.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Richard Clark	
3.3 STREET ADDRESS 331 Woods Point Road	
3.4 CITY-ST-ZIP Osprey, FL 34229	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

[Handwritten signatures]

CR2E037 (9/96)