

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N35732 (9)**

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

Principal Place of Business <b>LIGHTHOUSE MANAGEMENT REALTY                  16 CHURCH STREET                  OSPREY FL 34229</b>	Mailing Address <b>LIGHTHOUSE MANAGEMENT REALTY                  16 CHURCH STREET                  OSPREY FL 34229</b>
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2. Principal Place of Business <b>21 2848 Proctor Road</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 2848 Proctor Road</b> Suite, Apt. #, etc.
22 City & State <b>23 Sarasota, FL</b>	27 City & State <b>28 Sarasota, FL</b>
24 Zip <b>34231</b>	25 Country <b>USA</b>
29 Zip <b>34231</b>	30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>12/15/1989</b>	
4. FEI Number <b>65-0227623</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MILLER MANAGEMENT SERVICES, INC.  
 2828 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) <b>2848 Proctor Road</b>	
83	
84 City	85 Zip Code <b>FL</b>

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 officer 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]* **PAMELA J. GREER** DATE: **4/14/98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD WILSON, TECK</b>	<input type="checkbox"/> DELETE
NAME	<b>272 WOODS POINT ROAD</b>	
STREET ADDRESS	<b>OSPREY FL</b>	
CITY-ST-ZIP		
TITLE	<b>VD WHITE, JAMES C</b>	<input type="checkbox"/> DELETE
NAME	<b>471 OAK POINT ROAD</b>	
STREET ADDRESS	<b>OSPREY FL</b>	
CITY-ST-ZIP		
TITLE	<b>SD CLARK, RICHARD</b>	<input type="checkbox"/> DELETE
NAME	<b>331 WOODS POINT ROAD</b>	
STREET ADDRESS	<b>OSPREY FL</b>	
CITY-ST-ZIP		
TITLE	<b>TD BROWN, HARVEY</b>	<input type="checkbox"/> DELETE
NAME	<b>218 WOOD POINT RD.</b>	
STREET ADDRESS	<b>OSPREY FL</b>	
CITY-ST-ZIP		
TITLE	<b>DC STRADEL, CHARLET</b>	<input type="checkbox"/> DELETE
NAME	<b>275 WOODS POINT RD.</b>	
STREET ADDRESS	<b>OSPREY FL</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		<input 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 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.

SIGNATURE: *[Signature]* **HARVEY T. BROWN** DATE: **4/13/98** PHONE: **966-7501**

CR2E037 (10/97)