

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
 01-26-2000 90203 038 ****61.25

DOCUMENT # N35732
 1. Entity Name
BLACKBURN POINT WOODS HOMEOWNERS ASSOCIATION, IN

Principal Place of Business 2848 PROCTOR RD 16 CHURCH STREET SARASOTA FL 34231 US	Mailing Address 2848 PROCTOR RD 16 CHURCH STREET SARASOTA FL 34231-6444 US
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00007513



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0227623** | Applied For Not Applied
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MILLER MANAGEMENT SERVICES, INC.
2848 PROCTOR RD
SARASOTA FL 34231

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** | Zip Code _____

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

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

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, TECK 272 WOODS POINT ROAD OSPREY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XD WHITE, JAMES C 471 OAK POINT ROAD OSPREY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, RICHARD 331 WOODS POINT ROAD OSPREY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, HARVEY 216 WOOD POINT RD. OSPREY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC STRADEL, CHARLET 275 WOODS POINT RD. OSPREY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Campbell, David 267 Woods Point Drive Osprey, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harvey T. Brown* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Harvey T. Brown** **1/21/00** **966-7501**
 _____ Date _____ Daytime Phone # _____