

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90165 045 \*\*\*\*61.25

**DOCUMENT # N35732**

1. Entity Name

**BLACKBURN POINT WOODS HOMEOWNERS ASSOCIATION, IN**

Principal Place of Business

Mailing Address

2848 PROCTOR RD  
 16 CHURCH STREET  
 SARASOTA FL 34231  
 US

2848 PROCTOR RD  
 16 CHURCH STREET  
 SARASOTA FL 34231  
 US

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 Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER MANAGEMENT SERVICES, INC.**  
 2848 PROCTOR RD  
 SARASOTA FL 34231

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 \_\_\_\_\_

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN COTT, ANN	
STREET ADDRESS	291 Woods Point Road	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01

941-966-7501

Date

Daytime Phone #

CR2E037 (10/00)