


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90054 018 ****61.25

DOCUMENT # N35732

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



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 US**

44028833



2. Principal Place of Business
3234 S. Tamiami Tr.

3. Mailing Address
Same

Suite, Apt. #, etc.

04012004 Chg-NP CR2E037 (10/03)

City & State
Sarasota, FL

City & State

Zip
34239

Country
USA

4. FEI Number
65-0227623

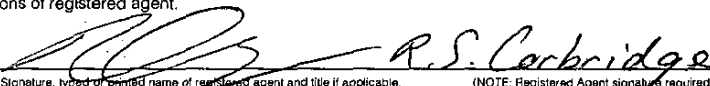
Applied For
 Not Applicable

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 **Sarasota Management & Leasing**
 Street Address (P.O. Box Number is Not Acceptable)
3234 S. Tamiami Trail
 City **Sarasota** FL Zip Code **34239**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **R.S. Corbridge** DATE **4/1/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FARRELL, ROBERT 264 WOODS POINT ROAD OSPREY, FL 34229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRODT, PHILIP 328 WOODS POINT RD. OSPREY, FL 34229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN COTT, ANN 291 WOODS POINT RD. OSPREY, FL 34229	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN COTT, ANN 291 WOODS POINT ROAD OSPREY, FL 34229	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FARRELL, ROBERT TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BRODT, PHILIP	<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	Brown - Delete ENTIRELY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER VAN COTT, ANN	<input checked="" 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:  **R.S. Corbridge** DATE **4/1/04** DAYTIME PHONE # **941-953-5200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #