


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90079 042 \*\*\*\*61.25

**DOCUMENT # N35732**

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



Principal Place of Business  
 3234 S. TAMiami TR.  
 SARASOTA, FL 34239 US

Mailing Address  
 3234 S. TAMiami TR.  
 SARASOTA, FL 34239 US

40040100



03312005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business  
 2477 Stickney Point Rd.  
 Suite, Apt. #, etc. Suite 118A

3. Mailing Address  
 2477 Stickney Point Rd.  
 Suite, Apt. #, etc. Suite 118A

City & State  
 Sarasota FL

City & State  
 Sarasota FL

Zip 34231 Country USA

Zip 34231 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**

SARASOTA MANAGEMENT & LEASING  
 3234 S. TAMiami TRAIL  
 SARASOTA, FL 34239

**7. Name and Address of New Registered Agent**

Name Argus Property Management  
 Street Address (P.O. Box Number is Not Acceptable) 2477 Stickney Point Rd. Suite 118A  
 City Sarasota FL Zip Code 34231

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 Casey Grigsby - Property Mgr DATE 4/1/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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	<input type="checkbox"/> Delete
T	FARRELL, ROBERT	264 WOODS POINT ROAD	OSPREY, FL 34229	<input type="checkbox"/>
VP	BRODT, PHILIP	328 WOODS POINT RD.	OSPREY, FL 34229	<input type="checkbox"/>
PD	CLARK, RICHARD	331 WOODS POINT ROAD	OSPREY, FL	<input checked="" type="checkbox"/>
BM	VAN COTT, ANN	291 WOODS POINT RD.	OSPREY, FL 34229	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President	Cyndy Colbath	275 Woods Point Rd.	Osprey, FL 34229	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Cindy MacLeod	299 Woods Point Rd.	Osprey, FL 34229	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Lotte Bahr	447 Oak Point	Osprey, FL 34229	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Robert D. Janell - Treasurer DATE 4/1/05 927-6464  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #