

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90071 049 \*\*\*\*61.25

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1st MOORE CR2E037 (10/05)

<b>DOCUMENT # N35732</b>					
1. Entity Name <b>BLACKBURN POINT WOODS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 2477 STICKNEY POINT RD SUITE 118A SARASOTA FL 34231 US			Mailing Address 2477 STICKNEY POINT RD SUITE 118A SARASOTA FL 34231 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0227623</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ARGUS PROPERTY MANAGEMENT 2477 STICKNEY POINT RD SUITE 118A SARASOTA FL 34231</b>			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____			SIGNATURE _____		
FILE NOW: FEE IS \$61.25 Due By May 1, 2006			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRELL, ROBERT		NAME	Elinor Burton	
STREET ADDRESS	264 WOODS POINT ROAD		STREET ADDRESS	216 Woods Point Rd.	
CITY-ST-ZIP	OSPREY FL 34229		CITY-ST-ZIP	Osprey, FL 34229	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOT, PHILIP		NAME	Sue Fethy	
STREET ADDRESS	328 WOODS POINT RD.		STREET ADDRESS	439 Oak Point Rd.	
CITY-ST-ZIP	OSPREY FL 34229		CITY-ST-ZIP	Osprey, FL 34229	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Vice - President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLBATH, CYNDY		NAME	Robert Adams	
STREET ADDRESS	275 WOODS POINT RD		STREET ADDRESS	283 Woods Point Rd.	
CITY-ST-ZIP	OSPREY FL 34229		CITY-ST-ZIP	Osprey, FL 34229	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLEOD, CINDY		NAME		
STREET ADDRESS	299 WOODS POINT RD		STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL 34229		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAHR, LOTTE		NAME		
STREET ADDRESS	447 OAK POINT		STREET ADDRESS		
CITY-ST-ZIP	OSPREY FL 34229		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Elinor C. Burton 2/10/2006 941-966-2589



ATTACHMENT  
66005290

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

BLACKBURN POINT WOODS HOMEOWNERS ASSOCIATION, INC.  
2477 STICKNEY POINT RD  
SUITE 118A  
SARASOTA, FL 34231 US

Subject: BLACKBURN POINT WOODS HOMEOWNERS ASSOCIATION, INC.

Reference Number: N35732

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the street address of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION