


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90018 043 ****61.25

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



Principal Place of Business Mailing Address
 2477 STICKNEY POINT RD 2477 STICKNEY POINT RD
 SUITE 118A SUITE 118A
 SARASOTA FL 34231 SARASOTA FL 34231
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0227623 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 ARGUS PROPERTY MANAGEMENT
 2477 STICKNEY POINT RD
 SUITE 118A
 SARASOTA FL 34231

7. Name and Address of New Registered Agent
 Name: ~~ARGUS PROPERTY MGMT.~~
 Street Address (P.O. Box Number is Not Acceptable): ~~2477 STICKNEY POINT RD.~~
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	BURTON, ELINOR	216 WOODS POINT RD.	OSPREY FL 34229	<input type="checkbox"/>
VP	BRODT, PHILIP	328 WOODS POINT RD.	OSPREY FL 34229	<input type="checkbox"/>
D	FETTY, SUE	439 OAK POINT RD.	OSPREY FL 34229	<input type="checkbox"/>
S	MACLEOD, CINDY	299 WOODS POINT RD	OSPREY FL 34229	<input type="checkbox"/>
V	ADAMS, ROBERT	283 WOODS POINT RD.	OSPREY FL 34229	<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 type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR