


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90038 019 ****61.25

DOCUMENT # N35732			
1. Entity Name BLACKBURN POINT WOODS HOMEOWNERS ASSOCIATION, INC.			
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country




1st MOORE CR2E037 (10/07)

4. FEI Number 65-0227623	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	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.

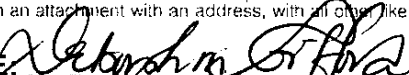
SIGNATURE  DATE **1-28-08**

(NOTE: Registered Agent signature required when reappointing)

FILE NOW - FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURTON, ELINOR			NAME	Robert Farrell		
STREET ADDRESS	216 WOODS POINT RD.			STREET ADDRESS	264 Woods Pt. Rd.		
CITY-ST-ZIP	OSPREY FL 34229			CITY-ST-ZIP	Osprey, FL 34229		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRODT, PHILIP			NAME			
STREET ADDRESS	328 WOODS POINT RD.			STREET ADDRESS			
CITY-ST-ZIP	OSPREY FL 34229			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FETTY, SUE			NAME	Bramwell Bone		
STREET ADDRESS	439 OAK POINT RD.			STREET ADDRESS	296 Woods Pt. Rd.		
CITY-ST-ZIP	OSPREY FL 34229			CITY-ST-ZIP	Osprey, FL 34229		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACLEOD, CINDY			NAME	Jerry Silvey		
STREET ADDRESS	299 WOODS POINT RD			STREET ADDRESS	447 Oak Pt. Rd.		
CITY-ST-ZIP	OSPREY FL 34229			CITY-ST-ZIP	Osprey, FL 34229		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAMS, ROBERT			NAME			
STREET ADDRESS	283 WOODS POINT RD.			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  **Deborah M. Gifford** DATE **1-28-08**