

N 35732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

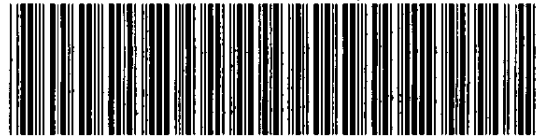
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chang

0.0011006 JUN 13 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLACKBURN POINT WOODS HOA.
(Name of Corporation)

DOCUMENT NUMBER: N35732

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSAN VIALL A/R
(Name of Contact Person)

LIGHTHOUSE PROPERTY MGMT
(Firm/Company)

16 CHURCH ST
(Address)

OSPREY FL 34229
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN VIALL at (941) 966-6844
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BLACKBURN POINT WOODS HOMEOWNERS ASSOC.

2. The principal office address: 90 LIGHTHOUSE PROPERTY MGMT 16 CHURCH ST, OSPREY FL 34229

3. The mailing address (if different):

4. Date of incorporation/qualification: 12/15/1989 Document number: N35732

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ARGUS PROPERTY MANAGEMENT 2477 STICKNEY POINT RD. SUITE 118A SARASOTA, FL 34231

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROBERT FARRELL BOB FARRELL 264 WOODS POINT RD (P.O. Box NOT acceptable) OSPREY FL 34229

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The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director: Bob Farrell

ROBERT F. FARRELL BOB FARRELL, TREASURER (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent: Robert A. Farrell

Date: June 10, 2008

If signing on behalf of an entity: ROBERT F. FARRELL BOB FARRELL, TREASURER (Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314