

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90513 024 ****61.25

DOCUMENT # N35732

1. Entity Name

**BLACKBURN POINT WOODS HOMEOWNERS ASSOCIATION, IN
C.**



Principal Place of Business

Mailing Address

~~2848 PROCTOR RD
18 CHURCH STREET~~
SARASOTA FL 34231
US

2848 PROCTOR RD
~~18 CHURCH STREET~~
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 **65-0227623**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER MANAGEMENT SERVICES, INC.
2848 PROCTOR RD
SARASOTA FL 34231

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, DAVID	
STREET ADDRESS	264 WOODS POINT ROAD	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, JAMES C	
STREET ADDRESS	471 OAK POINT ROAD	
CITY-ST-ZIP	OSPREY-FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLARK, RICHARD	
STREET ADDRESS	331 WOODS POINT ROAD	
CITY-ST-ZIP	OSPREY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, HARVEY	
STREET ADDRESS	216 WOOD POINT RD.	
CITY-ST-ZIP	OSPREY FL	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	STRADEL, CHARLET	
STREET ADDRESS	275 WOODS POINT RD.	
CITY-ST-ZIP	OSPREY FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	VAN COTT, ANN	
STREET ADDRESS	291 WOODS POINT ROAD	
CITY-ST-ZIP	OSPREY FL 34229	

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRELL, ROBERT	
STREET ADDRESS	264 WOODS POINT ROAD	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRODT, PHILIP	
STREET ADDRESS	328 Woods Point Road	
CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN COTT, ANN	
STREET ADDRESS	291 WOODS POINT ROAD	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **SIGNATURE REQUIRED** 1/15/03 941-966-7501

CR2E037 (10/02)