2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# N98000000559

Entity Name: BLACKPINE FARMS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1708 21ST STREET
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

1708 21ST STREET
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 65-0895026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUETHJE, DAVID E
1708 21ST STREET
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOOPER, FRANK P JR
Address: 775 BLACKPINE DRIVE
City-St-Zip: VERO BEACH, FL 32968

Title: D ( ) Delete
Name: KARMERIS, KENNETH J
Address: 780 BLACKPINE DRIVE
City-St-Zip: VERO BEACH, FL 32962

Title: D ( ) Delete
Name: OLDS, STEVE
Address: 750 BLACKAVE DRIVE
City-St-Zip: VERO BEACH, FL 32961

Title: D ( ) Delete
Name: LANGLEY, PHILLIP
Address: 705 BLACKPINE DRIVE
City-St-Zip: VERO BEACH, FL 32967

Title: STD ( ) Delete
Name: LUETHJE, DAVID E
Address: 725 BLACKPINE DRIVE
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: D. HOOPER TRUST (EST, ATE)
Address: 775 BLACKPINE DRIVE
City-St-Zip: VERO BEACH, FL 32968

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: OLDS, STEVE
Address: 750 BLACKAVE DRIVE
City-St-Zip: VERO BEACH, FL 32961

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. LUETHJE STD 01/11/2006
Electronic Signature of Signing Officer or Director Date