FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N33662** **(0)**

1. Corporation Name

BLACKBERRY CREEK HOMEOWNER'S ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1633 E VINE ST SUITE 201 KISSIMMEE FL 34744	1633 E VINE ST SUITE 201 KISSIMMEE FL 34744

3. Date Incorporated or Qualified: **06/11/1989**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3074152** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 **1637 East Vine Street**	26 **1637 East Vine Street**
Suite, Apt. #, etc. 22 **Suite E**	Suite, Apt. #, etc. 27 **Suite E**
City & State 23 **Kissimmee, FL**	City & State 28 **Kissimmee, FL**
Zip / Country 24 **34744** / 25 **USA**	Zip / Country 29 **34744** / 30 **USA**

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SULLIVAN, WILLIAM **1637 EAST VINE ST.** **KISSIMMEE FL 34744**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): **108 Park Place Boulevard** 83 **Kissimmee, FL 34741** 84 City **Kissimmee,** **FL** 85 Zip Code **34741**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ **William Sullivan** **4/25/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☒ Change ☐ Addition
NAME	SULLIVAN WILLIAM	1.2 NAME		
STREET ADDRESS	1637 E. VINE ST.	1.3 STREET ADDRESS	108 Park Place Blvd.	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	DV	2.1 TITLE	DV	☐ Change ☒ Addition
NAME	MEADOWS, ROBRT	2.2 NAME	Mark Ezzard	
STREET ADDRESS	1637 E. VINE ST.	2.3 STREET ADDRESS	108 Park Place Blvd.	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	DST	3.1 TITLE	DST	☐ Change ☒ Addition
NAME	COWART, WILLIAM D	3.2 NAME	George Glance	
STREET ADDRESS	1637 E. VINE ST.	3.3 STREET ADDRESS	108 Park Place Blvd.	
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **William Sullivan** **4/25/95** **(407)422-5508**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000088