

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N33662 (0)
1. Corporation Name
BLACKBERRY CREEK HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
**1637 E VINE ST
SUITE E
KISSIMMEE FL 34744
US**

3. Date Incorporated or Qualified **08/11/1989** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-3074152** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**SULLIVAN, WILLIAM
108 PARK PLACE BLVD
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

81 Name **Leland Enterprises, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable)
1637 E. Vine Street, Suite E
83 Attn: **Emily Badger**
84 City **Kissimmee** FL 85 Zip Code **34744**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0603, Florida Statutes.

SIGNATURE *Emily K. Badger*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-25-96

DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **DP SULLIVAN WILLIAM**
STREET ADDRESS **108 PARK PLACE BLVD**
CITY-ST-ZIP **KISSIMMEE FL**
TITLE ☒ DELETE
NAME **DV EZZARD, MARK**
STREET ADDRESS **108 PARK PLACE BLVD**
CITY-ST-ZIP **KISSIMMEE FL**
TITLE ☐ DELETE
NAME **DST GLANCE, GEORGE**
STREET ADDRESS **108 PARK PLACE BLVD**
CITY-ST-ZIP **KISSIMMEE FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DV George Glance**
2.3 STREET ADDRESS **108 Park Place Blvd**
2.4 CITY-ST-ZIP **Kissimmee, FL 34744**
3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **ST Lisa Weathers**
3.3 STREET ADDRESS **1637 E. Vine Street, Suite E**
3.4 CITY-ST-ZIP **Kissimmee, FL 34744**
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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: *Lisa A. Weathers* **Lisa A. Weathers**
Signature and typed or printed name of signing officer or director

4-25-96

(407)931-0400

Date

Daytime Phone #

CR2E037 (12/95)