

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33662** (0)
1. Corporation Name
BLACKBERRY CREEK HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 1637 E VINE ST SUITE E KISSIMMEE FL 34744 US	Mailing Address 1637 E VINE ST SUITE E KISSIMMEE FL 34744-3744 US
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3. Date Incorporated or Qualified 08/11/1989	3a. Date of Last Report 04/30/1996
4. FEI Number 59-3074152	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1633 E. Vine St. Suite, Apt. #, etc. 22 Suite 207 City & State 23 Zip 24	2a. Mailing Address 26 1633 E. Vine St. Suite, Apt. #, etc. 27 Suite 207 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LELAND ENTERPRISES INC
ATTN: EMILY BADGER
1637 E. VINE STREET #E
KISSIMMEE FL 34744**

81 Name Leland Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 1633 E. Vine St. Suite 207
83 Attn: Richard Bradley
84 City Kissimmee
85 Zip Code FL 33744

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SULLIVAN WILLIAM 108 PARK PLACE BLVD KISSIMMEE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GLANCE, GEORGE 108 PARK PLACE BLVD KISSIMMEE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST GLANCE, GEORGE 108 PARK PLACE BLVD KISSIMMEE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WEATHERS, LISA 1637 E. VINE STREET STE E KISSIMMEE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DP Jim Endicott 3808 Blackberry Cr. St. Cloud, FL 34769	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	DV Paul Knopp 3901 Blackberry Cr. Orlando, FL 34769	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	DST Raymond Barrett 3839 Creek Bed Cr. St. Cloud, FL 34769	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D Ted Schrock 3809 Blackberry Cr. St. Cloud, FL 34769	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0089967

CR2E037 (9/96)