

FILE NOW: FILING FEE IS \$61.25

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May 13 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> 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	Mailing Address
1633 E. VINE ST. 207 KISSIMMEE FL 34744 US	1633 E. VINE ST. 207 KISSIMMEE FL 34744 US

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

3. Date Incorporated or Qualified	08/11/1989
4. FEI Number	59-3074152
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LELAND MGMT., INC.**  
**1633 E. VINE ST., STE. 207**  
**ATTN: RICHARD BRADLEY**  
**KISSIMMEE FL 34744**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ENDICOTT, JIM	
STREET ADDRESS	3808 BLACKBERRY CT.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	KNOPP, PAUL	
STREET ADDRESS	3901 BLACKBERRY CR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLANCE, GEORGE	
STREET ADDRESS	108 PARK PLACE BLVD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BARRETT, RAYMOND	
STREET ADDRESS	3839 CREEK BED CR.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHROCK, TED	
STREET ADDRESS	3809 BLACKBERRY CR.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH COTA	
1.3 STREET ADDRESS	3859 BLACKBERRY CR.	
1.4 CITY-ST-ZIP	ST. CLOUD FL 34769	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Raymond Barrett* RES. 4-25-98 407 846-0346

CP2E037 (10/97)