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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33662

1. Corporation Name

BLACKBERRY CREEK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

1633 E. VINE ST.
207
KISSIMMEE FL 34744
US

Mailing Address

1633 E. VINE ST.
207
KISSIMMEE FL 34744
US



2. Principal Place of Business

21 Suite, Apt. #, etc. #109

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc. #109

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

08/11/1989

4. FEI Number

59-3074152

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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 DST ☒ DELETE

NAME COTA, JOSEPH
STREET ADDRESS 3859 BLACKBERRY CIRCLE
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE DV ☒ DELETE

NAME KNOPP, PAUL
STREET ADDRESS 3901 BLACKBERRY CR.
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE

NAME GLANCE, GEORGE
STREET ADDRESS 108 PARK PLACE BLVD
CITY-ST-ZIP KISSIMMEE FL

TITLE DP ☐ DELETE

NAME BARRETT, RAYMOND
STREET ADDRESS 3839 CREEK BED CR.
CITY-ST-ZIP ST. CLOUD FL

TITLE D ☒ DELETE

NAME SCHROCK, TED
STREET ADDRESS 3809 BLACKBERRY CR.
CITY-ST-ZIP ST. CLOUD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DST ☐ Change ☒ Addition

1.2 NAME Dave Warrell
1.3 STREET ADDRESS 84 Blackberry Creek Dr.
1.4 CITY-ST-ZIP St. Cloud, Fla. 34769

2.1 TITLE 0 ☐ Change ☒ Addition

2.2 NAME Ed Matco
2.3 STREET ADDRESS 3815 Blackberry Circle
2.4 CITY-ST-ZIP St. Cloud, Fla. 34769

3.1 TITLE 0 ☐ Change ☒ Addition

3.2 NAME Joe Aulat
3.3 STREET ADDRESS 65 Blackberry Creek Dr.
3.4 CITY-ST-ZIP St. Cloud, Fla. 34769

4.1 TITLE DP ☒ Change ☐ Addition

4.2 NAME Ray Barrett
4.3 STREET ADDRESS 3831 Creek Bed Circle
4.4 CITY-ST-ZIP St. Cloud, Fla. 34769

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 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, with all other like empowered.

SIGNATURE:

Raymond Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99 402957-4890
Date Daytime Phone #

CR2E037 (1/98)