

2000 UNIFORM BUSINESS REPORT (UBR)

4/27

FILED

May 19, 2000 8:00 am
Secretary of State

04-27-2000 90037 010 ****61.25

DOCUMENT # N33662

1. Entity Name

BLACKBERRY CREEK HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

1633 E. VINE STREET
109
KISSIMMEE FL 34744
US

Mailing Address

1633 E. VINE STREET
109
KISSIMMEE FL 34744-3700
US

2. Principal Place of Business

1633 E. Vine Street
Suite 110
Kissimmee FL

3. Mailing Address

1633 E. Vine Street
Suite 110
Kissimmee FL

City & State
Kissimmee FL

Zip
34744

Country
USA

City & State
Kissimmee FL

Zip
34744

Country
USA

4. FEI Number

59-3074152

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LELAND MANAGEMENT, INC.
1633 E. VINE STREET
SUITE 110
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WERRELL, DAVE 84 BLACKBERRY CREEK DR. ST. CLOUD FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATCO, ED 3815 BLACKBERRY CIR ST. CLOUD FL 34769	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice President AULET, JOE 65 BLACKBERRY CREEK DR ST. CLOUD FL 34769	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARRETT, RAYMOND 3831 CREEK BED CIRCLE ST. CLOUD FL 34769	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Dave Werrell, Dave 84 Blackberry Creek Dr. St. Cloud, FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Theodor Schrock 3809 Blackberry Cir. St. Cloud, FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Joe Aulet 65 Blackberry Creek Dr St. Cloud FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Ross Bellovin 3879 Blackberry Cir. St. Cloud, FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST John Pickens 3853 Blackberry Cir St. Cloud, FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)