

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N01000004900

1. Entity Name  
BLACKBERRY FARMS OWNERS ASSOCIATION, INC.



Principal Place of Business  
2806 W. US 90, SUITE 101  
LAKE CITY, FL 32055

Mailing Address  
2806 W. US 90, SUITE 101  
LAKE CITY, FL 32055

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**



02182004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
01-0630229

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CRAPPS, DANIEL  
2806 W. US 90 SUITE 101  
LAKE CITY, FL 32055

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000063831  
02/23/04-80177-014 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRAPPS, DANIEL 2806 W. US 90 SUITE 101 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRAPPS, AILEEN 2806 US 90 SUITE 101 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HICKS, LISA 2806 W. US 90 SUITE 101 LAKE CITY, FL 32055
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL CRAPPS

Date

Daytime Phone #

2/18/04 386-755-5110