

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N33662

FILED
Nov 09, 2006
Secretary of State

Entity Name: BLACKBERRY CREEK HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

3361 W VINE ST, SUITE 208
LONGWOOD, FL 32779 US

New Principal Place of Business:

3361 W VINE ST, SUITE 208
KISSIMMEE, FL 34741 US

Current Mailing Address:

3361 W VINE ST, SUITE 208
LONGWOOD, FL 32779 US

New Mailing Address:

3361 W VINE ST, SUITE 208
KISSIMMEE, FL 34741 US

FEI Number: 59-3074152 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FLORIDA ASSOCIATION MANAGEMENT, INC.
3361 W VINE ST, SUITE 208
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

FLORIDA ASSOCIATION MANAGEMENT, INC.
3361 W VINE ST, SUITE 208
KISSIMMEE, FL 34741 US

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: DOLLIE BOYD

11/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AULET, JOE
Address: 65 BLACKBERRY CREEK DR
City-St-Zip: ST. CLOUD, FL 34769

Title: VPD () Delete
Name: SCHROCK, TED
Address: 3809 BLACKBERRY CIR
City-St-Zip: ST CLOUD, FL 34769

Title: SD () Delete
Name: WINDHAM, LOIS
Address: 3866 BLACKBERRY CIR
City-St-Zip: ST CLOUD, FL 34769

Title: TD () Delete
Name: MALLEY, WILLIAM
Address: 3911 BLACKBERRY CIR
City-St-Zip: ST CLOUD, FL 34769

Title: D () Delete
Name: NASH, MICHAEL
Address: 3823 CREEK BEND CIR
City-St-Zip: ST CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOLLIE BOYD

OWNE

11/09/2006

Electronic Signature of Signing Officer or Director

Date