#### 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 742327** 

Entity Name: BLACKBURN SHORES HOMEOWNERS' ASSOCIATION, INC.

**FILED** Feb 15, 2015 **Secretary of State** CC1966537726

# **Current Principal Place of Business:**

403 WATERSIDE LANE NOKOMIS. FL 34275

### **Current Mailing Address:**

**403 WATERSIDE LANE** NOKOMIS. FL 34275 US

FEI Number: 65-0393047 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

CALANDRA, MICHAEL J 403 WATERSIDE LN NOKOMIS, FL 34275 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:

Address

City-State-Zip:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title Title PD

CALANDRA, MICHAEL Name ALICO, TOM Name

403 WATERSIDE LN Address 410 WATERSIDE LANE Address

City-State-Zip: NOKOMIS FL 34275 NOKOMIS FL 34275 City-State-Zip:

Title SD Title **VPD** 

Name CHRISTOFFEL, JOHN STEINMETZ, EDWARD Name Address **401 WATERSIDE LANE** Address 406 WATERSIDE LANE NOKOMIS FL 34275 City-State-Zip: NOKOMIS FL 34275 City-State-Zip:

**DIRECTOR** Title

1903 BAYSHORE DR.

NOKOMIS FL 34275

HELMS, JOHN Name

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL CALANDRA **TREASURER**