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 ANDERSON

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N0500007871

Entity Name: BLACKBURN COVE CONDOMINIUM ASSOCIATION, INC.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

Current Mailing Address:

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 US

FEI Number: 20-3293746

Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 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	E JAMES W HART JR			04/25/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT, DIRECTOR	Title	VP, DIRECTOR	
Name	ANDERSON, MICHAEL	Name	CONTI, LAWRENCE	
Address	2180 WEST SR 434 STE 5000	Address	2180 WEST SR 434 STE 5000	
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779	
Title	SECRETARY, TREASURER, DIRECTOR			
Name	SPERN, KATHLEEN			
Address	2180 WEST SR 434 STE 5000			
City-State-Zip:	LONGWOOD FL 32779			

Certificate of Status Desired: No

PRESIDENT

04/25/2017

FILED Apr 25, 2017 Secretary of State CC4049430777

Date