

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N14000004847

Entity Name: BLACK LAKE PRESERVE HOMEOWNERS ASSOCIATION, INC.

FILED
Aug 02, 2019
Secretary of State
5142738975CC

Current Principal Place of Business:

C/O BLUE WATER COMMUNITY MANAGEMENT
4735 OLD CANOE CREEK ROAD STE A
SAINT CLOUD, FL 34769

Current Mailing Address:

C/O BLUE WATER COMMUNITY MANAGEMENT
4735 OLD CANOE CREEK ROAD STE A
SAINT CLOUD, FL 34769 US

FEI Number: 47-3850887

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, DONNIE
C/O BLUE WATER COMMUNITY MANAGEMENT
4735 OLD CANOE CREEK RD STE A
SAINT CLOUD, FL 34769 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: DONNIE MARTINEZ

08/02/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SCHULMAN, DANIEL L
Address C/O BLUE WATER COMMUNITY
 MANAGEMENT
 4735 OLD CANOE CREEK ROAD STE
 A
City-State-Zip: SAINT CLOUD FL 34769

Title TREASURER
Name MADDON, WILLIAM H
Address C/O BLUE WATER COMMUNITY
 MANAGEMENT
 4735 OLD CANOE CREEK ROAD STE
 A
City-State-Zip: SAINT CLOUD FL 34769

Title VP
Name WALDINGER, AMY S
Address C/O BLUE WATER COMMUNITY
 MANAGEMENT
 4735 OLD CANOE CREEK ROAD STE
 A
City-State-Zip: SAINT CLOUD FL 34769

Title DIRECTOR
Name LOWE, ROBERT
Address C/O BLUE WATER COMMUNITY
 MANAGEMENT
 4735 OLD CANOE CREEK ROAD STE
 A
City-State-Zip: SAINT CLOUD FL 34769

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: DANIEL L SCHULMAN

PRESIDENT

08/02/2019

Electronic Signature of Signing Officer/Director Detail

Date