

**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