2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004847

Entity Name: BLACK LAKE PRESERVE HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 21, 2020
Secretary of State
9069064785CC

Current Principal Place of Business:

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

Current Mailing Address:

C/O BLUE WATER COMMUNITY MANAGEMENT 4735 OLD CANOE CREEK ROAD 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 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 04/21/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PRESIDENT Title VP

Name SCHULMAN, DANIEL L Name WALDINGER, AMY S

Address C/O BLUE WATER COMMUNITY Address C/O BLUE WATER COMMUNITY

MANAGEMENT MANAGEMENT

4735 OLD CANOE CREEK ROAD 4735 OLD CANOE CREEK ROAD

City-State-Zip: SAINT CLOUD FL 34769 City-State-Zip: SAINT CLOUD FL 34769

Title DIRECTOR Title DIRECTOR

Name THERMIDOR, WADNER Name FIELDS, LYNETTE

Address C/O BLUE WATER COMMUNITY Address C/O BLUE WATER COMMUNITY

MANAGEMENT MANAGEMENT

4735 OLD CANOE CREEK ROAD 4735 OLD CANOE CREEK ROAD

City-State-Zip: SAINT CLOUD FL 34769 City-State-Zip: SAINT CLOUD FL 34769

Electronic Signature of Signing Officer/Director Detail

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.