

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33662

Entity Name: BLACKBERRY CREEK HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**2944 BANCHORY RD
WINTER PARK, FL 32792**Current Mailing Address:**P.O. BOX 570950
ORLANDO, FL 32857 US**FEI Number: 59-3074152****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CMH MANAGEMENT, LLC
2944 BANCHORY RD
WINTER PARK, FL 32792 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name BARRETT, SHARON
Address P.O. BOX 570950
City-State-Zip: ORLANDO FL 32857

Title VP
Name WATSON, MICHAEL
Address P.O. BOX 570950
City-State-Zip: ORLANDO FL 32857

Title SECRETARY / TREASURER
Name KNOPP, ANNETTE
Address P.O. BOX 570950
City-State-Zip: ORLANDO FL 32857

Title DIRECTOR
Name CODA, JOSEPH
Address P.O. BOX 570950
City-State-Zip: ORLANDO FL 32857

Title DIRECTOR
Name PENA, ANGEL
Address P.O. BOX 570950
City-State-Zip: ORLANDO FL 32857

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: SHARON BARRETT**PRESIDENT****04/26/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date