

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35732

**FILED**  
**Mar 03, 2016**  
**Secretary of State**  
**CC9625709582**

**Entity Name:** BLACKBURN POINT WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O LIGHTHOUSE PROPERTY MGMT  
16 CHURCH ST  
OSPREY, FL 34229

**Current Mailing Address:**

C/O LIGHTHOUSE PROPERTY MGMT  
16 CHURCH ST  
OSPREY, FL 34229 US

**FEI Number: 65-0227623**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHRIS, SANDERS  
16 CHURCH STREET  
OSPREY, FL 34229 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: CHRIS SANDERS**

**03/03/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           COLBATH, CYNDY  
Address        16 CHURCH ST.  
City-State-Zip: OSPREY FL 34229

Title           PRESIDENT  
Name           SANDERS, CHRIS  
Address        16 CHURCH ST.  
City-State-Zip: OSPREY FL 34229

Title           SECRETARY  
Name           FARRELL, ROBERT  
Address        16 CHURCH ST.  
City-State-Zip: OSPREY FL 34229

Title           VP  
Name           SORG, JAKE  
Address        16 CHURCH ST  
City-State-Zip: OSPREY FL 34229

*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: CHRIS SANDERS**

**PRESIDENT**

**03/03/2016**

Electronic Signature of Signing Officer/Director Detail

Date