

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 27, 2004 08:00 AM-
Secretary of State**

DOCUMENT # 727430

1. Entity Name
BLUEBERRY BAY RECREATION ASSOCIATION, INC.



Principal Place of Business
**NE 205 TERRACE
P.O. 547
EARLETON, FL 32631 US**

Mailing Address
**NE 205 TERRACE
P.O. 547
EARLETON, FL 32631 US**



02262004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2901746

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GORDON, WILLIAM K.
ST. RD. 26 & GROVE ST.
MELROSE, FL 32666**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000063256
03/01/04-80008-008 61.25**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	BIRD, PAUL L.
STREET ADDRESS	11930 NE 205TH TERRACE
CITY-ST-ZIP	EARLETON, FL
TITLE	DS
NAME	BIRD, VIRGINIA K.
STREET ADDRESS	11930 NE 205TH TERRACE
CITY-ST-ZIP	EARLETON, FL 32631
TITLE	P
NAME	RICHTERS, DON
STREET ADDRESS	20415 N.E. 117 AVE.
CITY-ST-ZIP	EARLETON, FL 32631
TITLE	VD
NAME	BOLANDER, RAY
STREET ADDRESS	20529 NE 114 AVE.
CITY-ST-ZIP	EARLETON, FL 32631
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Paul L Bird* **PAUL L BIRD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27, 2004 (352)468-1297

Date

Daytime Phone #