

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90146 013 ****61.25

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02212005 Chg-NP CR2E037 (10/03)

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2901746	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GORDON, WILLIAM K. ST. RD. 26 & GROVE ST. MELROSE, FL 32666			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIRD, PAUL L.		NAME		
STREET ADDRESS	11930 NE 205TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	EARLETON, FL		CITY-ST-ZIP		
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BIRD, VIRGINIA K.		NAME		
STREET ADDRESS	11930 NE 205TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	EARLETON, FL 32631		CITY-ST-ZIP		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHTERS, DON		NAME	P RAY BOLANDER	
STREET ADDRESS	20415 N.E. 117 AVE.		STREET ADDRESS	20529 NE 114 AVE	
CITY-ST-ZIP	EARLETON, FL 32631		CITY-ST-ZIP	EARLETON, FL 32631	
TITLE	VD <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOLANDER, RAY		NAME	PAUL MIZE	
STREET ADDRESS	20529 NE 114 AVE.		STREET ADDRESS	PO BOX 27	
CITY-ST-ZIP	EARLETON, FL 32631		CITY-ST-ZIP	EARLETON, FL 32631	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Paul L Bird</u> PAUL L BIRD Feb 21 2005 (352) 468-1297 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					