

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90026 047 ****61.25

DOCUMENT # 727430

1. Entity Name
BLUEBERRY BAY RECREATION ASSOCIATION, INC.



Principal Place of Business
**NE 205 TERRACE
P.O. 148
EARLETON, FL 32631 US**

Mailing Address
**NE 205 TERRACE
P.O. 148
EARLETON, FL 32631 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2901746

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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

FL

Zip Code

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 William K Gordon

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **KERR, NANCY C**
STREET ADDRESS **11808 NE 205 TERRACE**
CITY - ST - ZIP **EARLETON, FL 32631**

TITLE **DS** ☒ Delete
NAME **BIRD, VIRGINIA K.**
STREET ADDRESS **11930 NE 205TH TERRACE**
CITY - ST - ZIP **EARLETON, FL 32631**

TITLE **P** ☐ Delete
NAME **BOLANDER, RAY**
STREET ADDRESS **20529 NE 114 AVE**
CITY - ST - ZIP **EARLETON, FL 32631**

TITLE **VD** ☐ Delete
NAME **MIZE, PAUL**
STREET ADDRESS **PO BOX 27**
CITY - ST - ZIP **EARLETON, FL 32631**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☒ Addition
NAME **Kathryn Gordon Riley**
STREET ADDRESS **Po Box 515**
CITY - ST - ZIP **Earleton, FL 32631**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-08 352-468-3866

Date

Daytime Phone #