


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90107 027 ****61.25

DOCUMENT # 768183	
1. Entity Name BLUE JAY ASSOC. INC.	

Principal Place of Business 11011 PELICAN DRIVE DADE CITY, FL 33525	Mailing Address 11011 PELICAN DRIVE DADE CITY, FL 33525
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02242007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent HUNKER, ALICIA 11014 BLUE BIRD DRIVE DADE CITY, FL 33525	
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7. Name and Address of New Registered Agent	
Name	JOYCE HUDAK
Street Address (P.O. Box Number is Not Acceptable)	11025 Redbird Drive
City	DADE City FL
Zip Code	33525

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 Joyce M. Hudak 03/08/07
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	MCCUTHEHEON, DOUGLAS
STREET ADDRESS	38515 HUMMINGBIRD CT
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	S <input type="checkbox"/> Delete
NAME	MADISON, MARIEL
STREET ADDRESS	11121 REDBIRD DR
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	VP <input type="checkbox"/> Delete
NAME	GORDON, WILLIAM
STREET ADDRESS	11151 REDBIRD DR
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	T <input type="checkbox"/> Delete
NAME	SPRAGUE, PEGGY
STREET ADDRESS	38514 HUMMINGBIRD CT
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	D <input type="checkbox"/> Delete
NAME	VOLCAN, ROBERT
STREET ADDRESS	38524 MALLARD CT
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	D <input type="checkbox"/> Delete
NAME	SNOW, DORN
STREET ADDRESS	11100 BLUEBIRD DR
CITY-ST-ZIP	DADE CITY, FL 33525

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Richie
STREET ADDRESS	11111 Bluebird Dr.
CITY-ST-ZIP	DADE City, FL 33525
TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE HUDAK
STREET ADDRESS	11025 Redbird Dr.
CITY-ST-ZIP	DADE City, FL 33525
TITLE	V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIEL MADISON
STREET ADDRESS	11121 Redbird Dr.
CITY-ST-ZIP	DADE City, FL 33525
TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY GUDARD
STREET ADDRESS	11044 Redbird Dr.
CITY-ST-ZIP	DADE City, FL 33525
TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Serdeau
STREET ADDRESS	11040 Red Bird Dr.
CITY-ST-ZIP	Dade City, FL 33525
TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELEN NATHASTINE
STREET ADDRESS	11101 Bluebird Dr
CITY-ST-ZIP	Dade City, FL 33525

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: Joyce M. Hudak 03-08-07 352-567-5826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #