## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000005756

FILED Apr 22, 2006 Secretary of State

Entity Name: BLACKBURN HARBOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4202 JESSIE HARBOR DR. OSPREY, FL 34229 **Current Mailing Address: New Mailing Address:** 4202 JESSIE HARBOR DR. OSPREY, FL 34229 FEI Number: 65-1044471 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOMBARDI, GENE 4202 JESSIE HARBOR DR. OSPREY, FL 34229 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition WEST, ROB WEST, ROB Name: Name: 3204 JESSIE HARBOR DR Address: 3204 JESSIE HARBOR DR Address: OSPREY, FL 34229 City-St-Zip: OSPREY, FL 34229 City-St-Zip: Title: VD Title: (X) Change ( ) Addition () Delete DAVIS, SAM S Name: PRZYWARA, JOANNE Name: Address: 3201 JESSIE HARBOR DR Address: 3104 JESSIE HARBOR DR City-St-Zip: OSPREY, FL 34229 City-St-Zip: OSPREY, FL 34229 Title: () Delete Title: (X) Change ( ) Addition DELAVIE, DAN G DELAVIE, DAN G Name: Name: 3203 JESSIE HABOR DR 3203 JESSIE HABOR DR Address: Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: OSPREY, FL 34229 Title: TD () Delete Title: PD (X) Change ( ) Addition Name: LOMBARDI, GENE Name: LOMBARDI, GENE 4202 JESSIE HARBOR DRIVE 4202 JESSIE HARBOR DRIVE Address: Address: City-St-Zip: OSPREY, FL 34229 City-St-Zip: OSPREY, FL 34229 Title: (X) Delete Title: () Change () Addition MARKEL, JIM Name: Name: 1801 GLENGARY ST Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: (X) Delete Title: () Change () Addition SUTTON, WILLIAM Name: Name: Address: 1801 GLENGARY ST Address: SARASOTA, FL 34231 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROB WEST STD 04/22/2006