

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005756

FILED
Apr 03, 2009
Secretary of State

Entity Name: BLACKBURN HARBOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2477 STICKNEY PT RD
118A
OSPREY, FL 34229

New Principal Place of Business:

4202 JESSIE HARBOR DRIVE
OSPREY, FL 34229

Current Mailing Address:

2477 STICKNEY PT RD
118A
OSPREY, FL 34229

New Mailing Address:

4202 JESSIE HARBOR DRIVE
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:

ARGUS PROPERTY MANAGEMENT
2477 STICKNEY PT RD
SUITE 118A
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

POLARIS PROPERTY MANAGEMENT, INC
8437 TUTTLE AV
SUITE 246
SARASOTA, FL 34243 US

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: JAMES M FAIX

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: WEST, ROB
Address: 3204 JESSIE HARBOR DR
City-St-Zip: OSPREY, FL 34229

Title: D () Delete
Name: PRZYWARA, JOANNE
Address: 3104 JESSIE HARBOR DR
City-St-Zip: OSPREY, FL 34229

Title: VD () Delete
Name: DELAVIE, DAN G
Address: 3203 JESSIE HARBOR DR
City-St-Zip: OSPREY, FL 34229

Title: PD () Delete
Name: LOMBARDI, GENE
Address: 4202 JESSIE HARBOR DRIVE
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WEST, ROB
Address: 3204 JESSIE HARBOR DR
City-St-Zip: OSPREY, FL 34229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: LONERGAN, DENNIS
Address: 3203 JESSIE HARBOR DR
City-St-Zip: OSPREY, FL 34229

Title: VPD (X) Change () Addition
Name: LOMBARDI, GENE
Address: 4202 JESSIE HARBOR DRIVE
City-St-Zip: OSPREY, FL 34229

I hereby certify that the information supplied with this filing does not qualify 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

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date