2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N00490

Entity Name: BLUE POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O KEVIN P. GAFFNEY, ACCOUNTANT
3400 N. TAMIAMI TRAIL, STE. 302
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

C/O KEVIN P. GAFFNEY, ACCOUNTANT
3400 N TAMIAMI TRAIL, STE. 302
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 59-1298156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAFFNEY, KEVIN P
3400 N. TAMIAMI TRAIL
SUITE 302
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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:

Title: DT ( ) Delete
Name: SERCL, GEORGE
Address: 1686 BLUE POINT AVE.
City-St-Zip: NAPLES, FL 34102

Title: S ( ) Delete
Name: COLGATE, JODI
Address: 1686 BLUE POINT AVE
City-St-Zip: NAPLES, FL 34102

Title: DVP ( ) Delete
Name: OBRIEN, WILLIAM
Address: 1686 BLUE POINT AVE.
City-St-Zip: NAPLES, FL 34102

Title: DP ( ) Delete
Name: CORBETT, DEREK
Address: 1686 BLUEPOINT AVE
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: SERCL, GEORGE
Address: 1686 BLUE POINT AVE. #5B
City-St-Zip: NAPLES, FL 34102

Title: S (X) Change ( ) Addition
Name: COLGATE, JODI
Address: 1686 BLUE POINT AVE #3B
City-St-Zip: NAPLES, FL 34102

Title: DVP (X) Change ( ) Addition
Name: OBRIEN, WILLIAM
Address: 1686 BLUE POINT AVE. #4B
City-St-Zip: NAPLES, FL 34102

Title: DP (X) Change ( ) Addition
Name: CORBETT, DEREK
Address: 1686 BLUEPOINT AVE #2A
City-St-Zip: NAPLES, FL 34102

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: JODI COLGATE S 03/27/2009

Electronic Signature of Signing Officer or Director — Date