

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004900

FILED  
Apr 09, 2012  
Secretary of State

**Entity Name:** BLACKBERRY FARMS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

BLACKBERRY FARMS SUBDIVISION  
NASH ROAD  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7094  
LAKE CITY, FL 32055

**New Mailing Address:**

**FEI Number:** 01-0630229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARPER, BECKY  
580 NW BLACKBERRY CIRCLE  
LAKE CITY, FL 32055 US

**Name and Address of New Registered Agent:**

DEVORE, CANDY  
917 NW BLACKBERRY CIRCLE  
LAKE CITY, FL 32055 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: CANDY DEVORE

04/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DEVORE, CANDY  
Address: 917 N W BLACKBERRY CIRCLE  
City-St-Zip: LAKE CITY, FL 32055

Title: VP  
Name: ERICKSON, TINA  
Address: 1139 NW BLACKBERRY CIRCLE  
City-St-Zip: LAKE CITY, FL 32055

Title: TREA  
Name: VARNACKAS, MARGARET  
Address: 505 NW BLACKBERRY CIRCLE  
City-St-Zip: LAKE CITY, FL 32055

Title: SEC  
Name: BRISCOE, LANE  
Address: 861 NW BLACKBERRY CIRCLE  
City-St-Zip: LAKE CITY, FL 32055

I hereby 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 all other like empowered.

SIGNATURE: CANDY DEVORE

PRES

04/09/2012

Electronic Signature of Signing Officer or Director

Date