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Apr 12, 2007 8:00 am
Secretary of State
04-12-2007 90024 045 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000004329

1. Entity Name
BLUE LAKE ESTATES HOMEOWNERS ASSOCIATION, INC.

40057606

Principal Place of Business	Mailing Address
11363 SAN JOSE BLVD. BLDG 100 / SUITE 103 JACKSONVILLE, FL 32223	POST OFFICE BOX 23518 JACKSONVILLE, FL 32241-3518

03272007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
920 Third Street	920 Third Street
Suite, Apt. #, etc.: B	Suite, Apt. #, etc.: B
City & State: Neptune Beach, FL	City & State: Neptune Beach, FL
Zip: 32266 Country: U.S.A	Zip: 32266 Country: U.S.A

4. FEI Number: 20-0225132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENT, FREDERICK H III
1200 RIVERPLACE BLVD
SUITE 800
JACKSONVILLE, FL 32201

7. Name and Address of New Registered Agent

Name: L. Denise Wallace
Street Address (P.O. Box Number is Not Acceptable): 920 Third Street
Suite B
City: Neptune Beach FL Zip Code: 32266

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: L. Denise Wallace L. Denise Wallace 3-27-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURLEY, R. KENT 11363 SAN JOSE BLVD. SUITE 100 JACKSONVILLE, FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYD, WILLIAM E 5367 ORTEGA BOULEVARD JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYD, CHARLES T III 5367 ORTEGA BOULEVARD JACKSONVILLE, FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Kent Curley 3/28/07 904 260 9333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #