

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006303

FILED
Apr 28, 2006
Secretary of State

Entity Name: BLACKSTONE LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

231 RUBY AVENUE
SUITE B
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

PO BOX 452847
KISSIMMEE, FL 347452847

New Mailing Address:

FEI Number: 20-0280376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARAY, MINETTA
PO BOX 452847
KISSIMMEE, FL 347452847 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: P () Delete
Name: ROUSCH, BILLY
Address: 955 KELLER RD SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: HOWARD, SCOTT
Address: 955 KELLER RD SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S () Delete
Name: WEST, EVELYN
Address: 955 KELLER RD SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BERRYHILL, WILLIAM
Address: 955 KELLER RD SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: STD (X) Change () Addition
Name: WALZ, LARRY
Address: 955 KELLER RD SUITE 1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: WILLIAM BERRYHILL

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date