

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006303

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: BLACKSTONE LANDING HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

231 RUBY AVENUE  
SUITE A  
KISSIMMEE, FL 34741

## New Principal Place of Business:

231 RUBY AVENUE  
SUITE A  
KISSIMMEE, FL 34741 US

## Current Mailing Address:

PO BOX 452847  
KISSIMMEE, FL 34745

## New Mailing Address:

231 RUBY AVENUE  
SUITE A  
KISSIMMEE, FL 34741 US

FEI Number: 20-0280376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC  
231 RUBY AVENUE  
SUITE A  
KISSIMMEE, FL 34741 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: STD ( ) Delete  
Name: BERRYHILL, WILLIAM  
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: P ( ) Delete  
Name: FRIEDMAN, GEORGE  
Address: 955 KELLER RD SUITE 1500  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MARK HILLS

MR

04/08/2009

Electronic Signature of Signing Officer or Director

Date