



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 08, 2006 8:00 am**  
**Secretary of State**

06-08-2006 90003 023 \*\*\*\*61.25

<b>DOCUMENT # N05000008317</b>					
<b>1. Entity Name</b> BLACKBURN POINT MARINA VILLAGE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237			<b>Mailing Address</b> 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237		
<b>2. Principal Place of Business</b> 1138 Beachcomber Ct. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1138 Beachcomber Ct. Suite, Apt. #, etc.			
<b>City &amp; State</b> Osprey, FL		<b>City &amp; State</b> Osprey, FL		<b>4. FEI Number</b> 20-37160428	
<b>Zip</b> 34229		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> OLIVER, JOHN D 2033 MAIN STREET SUITE 600 SARASOTA, FL 34237				<b>7. Name and Address of New Registered Agent</b> Name: Guy Warren Street Address (P.O. Box Number is Not Acceptable): 1138 Beachcomber Ct. City: Osprey FL Zip Code: 34229	
<b>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.</b> SIGNATURE: <u>Guy Warren</u> <span style="float: right;">6-5-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DP CHASE, DANA 117 LIBERTY STREET UNIT 1 DANVERS, MA 01923	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<del>President</del> Barry Bregman Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DVP DANSHY, PAUL 117 LIBERTY STREET UNIT 1 DANVERS, MA 01923	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	President Guy Warren 1110 Beachcomber Ct Osprey, FL 34229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DST LEVINE, DAVID 117 LIBERTY STREET UNIT 1 DANVERS, MA 01923	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Secretary Barry Bregman 1122 Beachcomber Ct. Osprey, FL 34229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6/5/06 941-228-6756 <small>Date Daytime Phone #</small>		