2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N05000010648

Entity Name: BLUE LAKE WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1190 PELICAN BAY DR.
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

1190 PELICAN BAY DR.
DAYTONA BEACH, FL 32119

New Mailing Address:

FEI Number: 20-3667765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKIN, MICHELE J
1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 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: PD ( ) Delete
Name: HURTA, CHAD
Address: 1335 PUP FISH
City-St-Zip: DELAND, FL 32724

Title: VPD ( ) Delete
Name: LAWSON, ROBERT
Address: 1311 PUP FISH
City-St-Zip: DELAND, FL 32724

Title: SD ( ) Delete
Name: MILLER, JOHN
Address: 1325 TILAPIA
City-St-Zip: DELAND, FL 32724

Title: TD ( ) Delete
Name: WINTER, JIM
Address: 1336 TILAPIA
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: MCJONGLE, JORDAN
Address: 1323 PUP FISH
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHAD HURTA DP 03/23/2009

Electronic Signature of Signing Officer or Director — Date