2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N06000008925

Entity Name: BUDDY LAKE BLUFF HOMEOWNERS' ASSOCIATION INC.

Current Principal Place of Business:

37837 MERIDIAN AVE.
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

37837 MERIDIAN AVE.
DADE CITY, FL 33525 US

New Mailing Address:

FEI Number: 20-5427453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERSON, KYLE W
37837 MERIDIAN AVE
DADE CITY, FL 33525 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: PETERSON, KYLE W
Address: 37837 MERIDIAN AVE
City-St-Zip: DADE CITY, FL 33525 US

Title: SD ( ) Delete
Name: RUBRECHT, RONALD C
Address: 6210 TURTLE CREEK BLVD
City-St-Zip: TAMPA, FL 33625 US

Title: T ( ) Delete
Name: PETERSN, SUSAN H
Address: 37837 MERIDIAN AVE
City-St-Zip: DADE CITY, FL 33525 US

Title: D ( ) Delete
Name: MARCUS, STUART
Address: 203FLAGSHIP DRIVE
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete
Name: COLON, ERNESTO J
Address: 27344 HOLLYBROOK TRAIL
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete
Name: ABELES, JEFFRY
Address: 16566 HUTCHINSON RD.
City-St-Zip: ODESA, FL 33556

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:

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: KYLE W PETERSON PD 03/20/2009

Electronic Signature of Signing Officer or Director — Date