

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04-17-07 90245 027 \$61.25
07112007 Chg-NP CR2E037 (12/06) 07

DOCUMENT # N06000010918 1. Entity Name BLACKWOOD COVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32255				Mailing Address 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32255	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">51-0609031</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Applied For Not Applicable</div>	
City & State		City & State			
Zip		Zip			
Country		Country			
6. Name and Address of Current Registered Agent PUTNAL, JAMES E 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32255				7. Name and Address of New Registered Agent <div style="border: 1px solid black; padding: 2px;">Name</div> <div style="border: 1px solid black; padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</div> <div style="border: 1px solid black; padding: 2px;">City</div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PUTNAL, JAMES E 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32255 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD PUTNAL, DIANNA 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32255 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COFFELL, BRAD 4971 SCENIC MARSH COURT JACKSONVILLE, FL 32255 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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 IKS empowered.					
SIGNATURE:			Date: 7/12/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

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ASSOCIATION
MANAGEMENT
GROUP, LLC

PHONE: 904.221.8070

9191 R.G. SKINNER PARKWAY
SUITE 602
JACKSONVILLE, FL 32256
WWW.AMGJAX.COM

FAX: 904.652.1448

July 11, 2007

Florida Department of State
Division of Corporations
P O Box 8700
Tallahassee, FL 32314

Re: Blackwood Cove Homeowners Association, Inc.

Dear Sir/Madam:

We are responding to your Notice of Intent to Dissolve on the above named corporation. We are including another signed Annual Report for your information. We have also added the FEI Number which was missing from your records.

Also attached is a copy of the cancelled check that accompanied the originally filed Annual Report which was filed in April. Therefore, we are not sending another check for this renewal.

Please check your records, and if further information is needed, please contact this office.

Respectfully Submitted,

Linda F. Traylor, C.A.M.