## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N10601

FILED Apr 30, 2006 Secretary of State

Entity Name: BLUE PINE VILLAGE OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

113 ELDERBERRY LN NICEVILLE, FL 32578 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 5026 BWB NICEVILLE, FL 325782026

FEI Number: 59-2571310 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COMEAU, RON CLAWSON, MARK 110 MIDLÁND CRT 3012 BLUE PINE LANE US NICEVILLE, FL 32578 US NICEVILLE, FL 32578

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: J.MARK CLAWSON 04/30/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition COMEAU, RON CLAWSON, MARK Name: Name: 110 MIDLAND CRT Address: 3012 BLUE PINE LANE Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578 Title: ( ) Delete Title: (X) Change ( ) Addition LOUIS, CARTER Name: BRIDGE, MATT Name: Address: 122 MEADOW BROOK COURT Address: 104 RIDGE LANE City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578 Title: () Delete Title: () Change () Addition ROLFE, JOANN Name: Name: 1547 MEADOWBROOK CT. Address: Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: BRIDGES, SUSAN Name:

111 MIDLAND CRT Address: Address:

City-St-Zip: NICEVILLE, FL 32578 City-St-Zip:

Title: DC ( ) Delete Title: (X) Change ( ) Addition

SEDA, BEN BENEFIEL, CAROL Name: Name: 1560 MEADOW BROOK COURT 124 MEADOWBROOK CT. Address: Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578

Title: () Delete Title: ( ) Change (X) Addition

MARSHALL, TOM Name: Name: Address: Address: 138 MIDLAND CT. NICEVILLE, FL 32578 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: J.MARK CLAWSON PD 04/30/2006