

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10601

FILED
Mar 30, 2007
Secretary of State

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

Current Principal Place of Business:

113 ELDERBERRY LN
NICEVILLE, FL 32578 US

New Principal Place of Business:

124 MEADOWBROOK COURT
NICEVILLE, FL 32578 US

Current Mailing Address:

P.O. BOX 5026 BWB
NICEVILLE, FL 325782026

New Mailing Address:

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

Name and Address of Current Registered Agent:

CLAWSON, MARK
3012 BLUE PINE LANE
NICEVILLE, FL 32578 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: CLAWSON, MARK
Address: 3012 BLUE PINE LANE
City-St-Zip: NICEVILLE, FL 32578

Title: VP () Delete
Name: BRIDGE, MATT
Address: 104 RIDGE LANE
City-St-Zip: NICEVILLE, FL 32578

Title: TD () Delete
Name: ROLFE, JOANN
Address: 1547 MEADOWBROOK CT.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: BRIDGES, SUSAN
Address: 111 MIDLAND CRT
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: BENEFIEL, CAROL
Address: 124 MEADOWBROOK CT.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: MARSHALL, TOM
Address: 138 MIDLAND CT.
City-St-Zip: NICEVILLE, FL 32578

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: D (X) Change () Addition
Name: BENIFIEL, CAROL
Address: 124 MEADOWBROOK CT.
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
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: CAROL A BENIFIEL

D

03/30/2007

Electronic Signature of Signing Officer or Director

Date