2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10601

FILED Feb 13, 2009 Secretary of State

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

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

124 MEADOWBROOK COURT 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:

CLAWSON, MARK DEY, THOMAS

3012 BLUE PINE LANE 1532 MEADOWBROOK COURT NICEVILLE, FL 32578 US NICEVILLE, FL 32578 US

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: THOMAS DEY 02/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 CLAWSON, MARK
 Name:
 DEY, THOMAS

 Address:
 3012 BLUE PINE LANE
 Address:
 1532 MEADOWBROOK COURT

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

Title: VP () Delete Title: () Change () Addition

 Name:
 BRIDGE, MATT
 Name:

 Address:
 104 RIDGE LANE
 Address:

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

 Name:
 ROLFE, JOANN
 Name:
 BRIDGES, SUSAN

 Address:
 1547 MEADOWBROOK CT.
 Address:
 111 MIDLAND CRT

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

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

 Name:
 BRIDGES, SUSAN
 Name:
 HAASE, JAMES

 Address:
 111 MIDLAND CRT
 Address:
 104 MEADOWBROOK CT

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

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

Name:BENIFIEL, CÀROLName:HARRISON, KÉNNETHAddress:124 MEADOWBROOK CT.Address:3042 BLUE PINE LANECity-St-Zip:NICEVILLE, FL 32578City-St-Zip:NICEVILLE, FL 32578

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

Name:MARSHALL, TOMName:BENNETT, JENNIFERAddress:138 MIDLAND CT.Address:116 SUMMIT CTCity-St-Zip:NICEVILLE, FL 32578City-St-Zip:NICEVILLE, FL 32578

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: THOMAS DEY PRES 02/13/2009