

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15545

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: BLUE RIVER COVE EAST, INC.

**Current Principal Place of Business:**

9570 W. RIVER HOLLY PATH  
HOMOSASSA SPRINGS, FL 34447 US

**New Principal Place of Business:**

9530 W. RIVER HOLLY PATH  
HOMOSASSA, FL 34448 US

**Current Mailing Address:**

P.O. BOX 5129  
HOMOSASSA SPRINGS, FL 34447 US

**New Mailing Address:**

P.O. BOX 2109  
HOMOSASSA SPRINGS, FL 34447 US

FEI Number: 59-2955901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUFFSTUTLER, PAUL L.  
9570 W RIVER HOLLY PATH  
HOMOSASSA, FL 34447 US

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

NEEL, MARGARET M  
9530 W. RIVER HOLLY PATH  
HOMOSASSA, FL 34448 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: MARGARET M. NEEL

04/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HUFFSTUTLER, PAUL L.  
Address: 9570 W. RIVER HOLLY PATH  
City-St-Zip: HOMOSASSA SPRINGS, FL

Title: SD ( ) Delete  
Name: HUFFSTUTLER, BETTY L.  
Address: 9570 W. RIVER HOLLY PATH  
City-St-Zip: HOMOSASSA SPRINGS, FL

Title: PD ( ) Delete  
Name: NEEL, TIMOTHY R  
Address: 9530 RIVER HOLLY PATH  
City-St-Zip: HOMOSASSA SPRINGS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: NEEL, TIMOTHY E  
Address: PO BOX 2089  
City-St-Zip: HOMOSASSA SPRINGS, FL 34447 US

Title: D (X) Change ( ) Addition  
Name: CONNLEY, GEORGE  
Address: 16216 SIERRA DE AVILA  
City-St-Zip: TAMPA, FL 33613 US

Title: ST (X) Change ( ) Addition  
Name: NEEL, MARGARET M  
Address: PO BOX 2089  
City-St-Zip: HOMOSASSA SPRINGS, FL 34447 US

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: MARGARET M NEEL

ST

04/15/2009

Electronic Signature of Signing Officer or Director

Date