

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15545

FILED  
Jan 12, 2011  
Secretary of State

**Entity Name:** BLUE RIVER COVE EAST, INC.

**Current Principal Place of Business:**

9530 W. RIVER HOLLY PATH  
HOMOSASSA, FL 34448 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2955901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEEL, MARGARET M  
9530 W. RIVER HOLLY PATH  
HOMOSASSA, FL 34448 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  
Name: NEEL, TIMOTHY E  
Address: PO BOX 2089  
City-St-Zip: HOMOSASSA SPRINGS, FL 34447 US

Title: VPD  
Name: CONNLEY, JEFFREY G  
Address: 9550 W RIVER HOLLY PATH  
City-St-Zip: HOMOSASSA, FL 34448 US

Title: T  
Name: NEEL, MARGARET M  
Address: PO BOX 2089  
City-St-Zip: HOMOSASSA SPRINGS, FL 34447 US

I hereby 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 all other like empowered.

SIGNATURE: MARGARET M NEEL

T

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date