

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90039 026 ****61.25

DOCUMENT # N33662 1. Entity Name BLACKBERRY CREEK HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 3361 W VINE ST, SUITE 208 KISSIMMEE, FL 34741 US			Mailing Address 3361 W VINE ST, SUITE 208 KISSIMMEE, FL 34741 US		
2. Principal Place of Business - No P.O. Box # 102 PARK PLACE BLVD Suite, Apt. #, etc. D-2		3. Mailing Address 102 PARK PLACE BLVD Suite, Apt. #, etc. D-2			
City & State KISSIMMEE FLORIDA Zip 34741		City & State KISSIMMEE FLORIDA Zip 34741		4. FEI Number 59-3074152	
Country USA		Country USA		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01222008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent FLORIDA ASSOCIATION MANAGEMENT, INC. 3361 W VINE ST, SUITE 208 KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent FLORIDA ASSOCIATION MANAGEMENT, INC. 102 PARK PLACE BLVD SUITE D-2 KISSIMMEE FL 34741		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Dallie Lopez</i></u> DATE: <u>2/20/08</u> Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALLEY, WILLIAM 3911 BLACKBERRY CIR ST. CLOUD, FL 34769	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WASSUM, PHIL 3828 BLACKBERRY CIR ST CLOUD, FL 34769	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAROCCO, NANCY 3853 BLACKBERRY CIR ST CLOUD, FL 34769	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCRAE, MICHAEL 3871 CREEK BED CIR. ST. CLOUD, FL. 34769 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNOPP, ANNETTE 3901 BLACKBERRY CIR ST CLOUD, FL 34769	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOTD KNOPP, ANNETTE 3901 BLACKBERRY CIR ST. CLOUD, FL 34769 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>William T Malloy</i></u> <u>William T Malloy</u> <u>2-9-08</u> <u>407-9299</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40030751

