

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

02-27-2006 90071 049 ****61.25

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1st MOORE CR2E037 (10/05)

DOCUMENT # N35732

1. Entity Name

BLACKBURN POINT WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2477 STICKNEY POINT RD
SUITE 118A
SARASOTA FL 34231
US

Mailing Address

2477 STICKNEY POINT RD
SUITE 118A
SARASOTA FL 34231
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0227623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARGUS PROPERTY MANAGEMENT
2477 STICKNEY POINT RD
SUITE 118A
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature of principal place of business or registered agent and the incorporator

(NOTE: Registered Agent signature required when changing agent)

Date

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FARRELL, ROBERT	
STREET ADDRESS	264 WOODS POINT ROAD	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROOT, PHILIP	
STREET ADDRESS	328 WOODS POINT RD.	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COLBATH, CYNDY	
STREET ADDRESS	275 WOODS POINT RD	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	S	<input type="checkbox"/> Delete
NAME	MACLEOD, CINDY	
STREET ADDRESS	299 WOODS POINT RD	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAHR, LOTTE	
STREET ADDRESS	447 OAK POINT	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elinor Burton	
STREET ADDRESS	216 Woods Point Rd.	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sue Fatty	
STREET ADDRESS	439 Oak Point Rd.	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE	Vice - President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Adams	
STREET ADDRESS	283 Woods Point Rd.	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Elinor C. Burton*

2/10/2006

941-966-2589



ATTACHMENT
66005290

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

BLACKBURN POINT WOODS HOMEOWNERS ASSOCIATION, INC.
2477 STICKNEY POINT RD
SUITE 118A
SARASOTA, FL 34231 US

Subject: **BLACKBURN POINT WOODS HOMEOWNERS ASSOCIATION, INC.**

Reference Number: **N35732**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the street address of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION