

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90018 043 ****61.25

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 - No P.O. Box #

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

7. Name and Address of New Registered Agent

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

Name **ARGUS PROPERTY MGMT.**
Street Address (P.O. Box Number is Not Acceptable)
2477 STICKNEY POINT RD.
SARASOTA, FL 34231
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

T
NAME BURTON, ELINOR ☐ Delete
STREET ADDRESS 216 WOODS POINT RD.
CITY-STATE-ZIP OSPREY FL 34229

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

VP
NAME BRODT, PHILIP ☐ Delete
STREET ADDRESS 328 WOODS POINT RD.
CITY-STATE-ZIP OSPREY FL 34229

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
NAME FETTY, SUE ☐ Delete
STREET ADDRESS 439 OAK POINT RD.
CITY-STATE-ZIP OSPREY FL 34229

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

S
NAME MACLEOD, CINDY ☐ Delete
STREET ADDRESS 299 WOODS POINT RD
CITY-STATE-ZIP OSPREY FL 34229

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

V
NAME ADAMS, ROBERT ☐ Delete
STREET ADDRESS 283 WOODS POINT RD.
CITY-STATE-ZIP OSPREY FL 34229

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #