

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35732

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** BLACKBURN POINT WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

%LIGHTHOUSE PROPERTY MGMT  
16 CHURCH ST  
OSPREY, FL 34229 US

**New Principal Place of Business:**

**Current Mailing Address:**

%LIGHTHOUSE PROPERTY MGMT  
16 CHURCH ST  
OSPREY, FL 34229 US

**New Mailing Address:**

**FEI Number:** 65-0227623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FARRELL, ROBERT (BOB)  
264 WOODS POINT RD  
OSPREY, FL 34229 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: T  
Name: FARREL, ROBERT  
Address: 264 WOODS PT. RD.  
City-St-Zip: OSPREY, FL 34229

Title: P  
Name: CLARK, RICHARD  
Address: 299 WOODS PT. RD.  
City-St-Zip: OSPREY, FL 34229

Title: D  
Name: BONE, BRAMWELL  
Address: 296 WOODS PT. RD.  
City-St-Zip: OSPREY, FL 34229

Title: VP  
Name: SCHNEIDER, WILLIS  
Address: 415 OAK PT. RD.  
City-St-Zip: OSPREY, FL 34229

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: KYANNE MERRILL

MNGR

04/06/2010

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

\_\_\_\_\_  
Date