

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50622

FILED
Feb 20, 2006
Secretary of State

Entity Name: BLUE'S CREEK MASTER OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7301 NW 50TH STREET
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

6110 B NW 1 PL
GAINESVILLE, FL 32607

New Mailing Address:

C/O ACTION REAL ESTATE SERVICES
6110 B NW 1 PL
GAINESVILLE, FL 32607

FEI Number: 59-3225368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUSAMAN, JEFFREY D
B-6110 NW 1 PLACE
C/O ACTION REAL ESTATE SERVICES
GAINESVILLE, FL 32607 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: DP () Delete
Name: ROSS, SCOT
Address: 5538A NW 43 ST
City-St-Zip: GAINESVILLE, FL 32653

Title: SD () Delete
Name: ROSS, BONNIE,
Address: 5538A NW 43 ST
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: BROWN, WILLIAM
Address: 7822 NW 50 ST.
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: WILLIS, BILL
Address: 4710 NW 76 ROAD
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SCOT ROSS

P

02/20/2006

Electronic Signature of Signing Officer or Director

Date