

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50997

FILED
Jan 05, 2009
Secretary of State

Entity Name: BLUE CREEK POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1450 MARBLE CREST WAY
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

1450 MARBLE CREST WAY
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 59-3146587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNER, THOMAS E
1450 MARBLE CREST WAY
WINTER GARDEN, FL 34787 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: CONNER, THOMAS E
Address: 1450 MARBLE CREST WAY
City-St-Zip: WINTER GARDEN, FL 34787

Title: DV () Delete
Name: BEDNER, CHARLES
Address: 14186 STARKEY RD
City-St-Zip: DELRAY BEACH, FL 33446

Title: DT () Delete
Name: DRAGONETTI, DANIEL
Address: 56453 BRANCH RD
City-St-Zip: ASTOR, FL 32102

Title: DS () Delete
Name: BEDNER, SUZZANNE
Address: 14186 STARKEY RD
City-St-Zip: DELRAY BEACH, FL 33446

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 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: THOMAS E. CONNER

DP

01/05/2009

Electronic Signature of Signing Officer or Director

Date