

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90057 025 ****61.25

0002868

DOCUMENT # N93000004830

1. Entity Name
BLUE LAKE/BLUE CYPRESS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 12 SHADY LANE FREEPORT FL 32439 US	Mailing Address 12 SHADY LANE FREEPORT FL 32439 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0440501	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCONIERS, ALTO W
 12 SHADY LN
 FREEPORT FL 32439**

7. Name and Address of New Registered Agent

Name **BARBARA FELLOWS**

Street Address (P.O. Box Number is Not Acceptable)
1173 Blue Pond Lane

City **Ponce de Leon** FL Zip Code **32455**

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.

SIGNATURE: *Barbara Fellows* **BARBARA FELLOWS Treasurer** **4-5-02**

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, MARK L 350 BLUE POND CIRCLE PONCE DE LEON FL 32455 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCONIERS, ALTO W 12 SHADY LANE FREEPORT FL 32439 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRUNER, SYLVIA L 36 BLUE POND CIRCLE PONCE DELEON FL 32455 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORSEY, JIMMY P.O. BOX 1574 DEFUNIAK SPRINGS FL 32435 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORSEY, JIMMY PO BOX 1574 DEFUNIAK SPRINGS FL 32433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jones MARK L 350 Blue Pond Circle Ponce de Leon Fl 32455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Fellows, BARBARA 1173 Blue Pond Lane Ponce de Leon Fl 32455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Bruner, Sylvia 36 Blue Pond Circle Ponce de Leon Fl 32455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wilson, Roger 1365 Blue Pond Lane Ponce de Leon Fl 32455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rushing Tina 10175 State Hwy 83 DeFuniak Springs, Fl 32433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barbara Fellows* **BARBARA FELLOWS** **4-5-02** **850-859-0363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)