


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90318 025 \*\*\*\*61.25

**DOCUMENT # N93000004830**

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



Principal Place of Business  
**1173 BLUE POND LN  
 PONCE DE LEON FL 32455  
 US**

Mailing Address  
**1173 BLUE POND LN  
 PONCE DE LEON FL 32455  
 US**



2. Principal Place of Business  
**1117 Blue Pond Ln.**

3. Mailing Address  
**1117 Blue Pond Ln**

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State  
**Ponce de Leon**

City & State  
**Ponce de Leon**

Zip  
**32455**

Country  
**US**

4. FEI Number  
**65-0440501**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FELLOWS, BARBARA  
 1173 BLUE POND LANE  
 PONCE DE LEON FL 32455**

7. Name and Address of New Registered Agent  
 Name **Vernie Brown**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1117 Blue Pond Ln.**  
 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: I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Vernie F. Brown** Vernie F. Brown **Feb. 24, 2006**

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, 2006**

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

|  |  |
|--|--|
| TITLE<br>D                               | <input type="checkbox"/> Delete            |
| NAME<br>JONES, MARK L                    |  |
| STREET ADDRESS<br>350 BLUE POND CIRCLE   |  |
| CITY-ST-ZIP<br>PONCE DE LEON FL 32455    |  |
| TITLE<br>TD                              | <input checked="" type="checkbox"/> Delete |
| NAME<br>FELLOWS, BARBARA                 |  |
| STREET ADDRESS<br>1173 BLUE POND LANE    |  |
| CITY-ST-ZIP<br>PONCE DE LEON FL 32455    |  |
| TITLE<br>PD                              | <input type="checkbox"/> Delete            |
| NAME<br>BRUNER, SYLVIA L                 |  |
| STREET ADDRESS<br>36 BLUE POND CIRCLE    |  |
| CITY-ST-ZIP<br>PONCE DELEON FL 32455     |  |
| TITLE<br>SD                              | <input type="checkbox"/> Delete            |
| NAME<br>RUSHING, TINA                    |  |
| STREET ADDRESS<br>10175 STATE HWY 83     |  |
| CITY-ST-ZIP<br>DEFUNIAK SPRINGS FL 32433 |  |
| TITLE<br>VD                              | <input checked="" type="checkbox"/> Delete |
| NAME<br>BRIDGES, ROBIN                   |  |
| STREET ADDRESS<br>516 BLUE POND CIRCLE   |  |
| CITY-ST-ZIP<br>PONCE DE LEON FL 32455    |  |
| TITLE                                    | <input type="checkbox"/> Delete            |
| NAME                                     |  |
| STREET ADDRESS                           |  |
| CITY-ST-ZIP                              |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |
|--|--|
| TITLE<br>T                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>Vernie F. Brown                |  |
| STREET ADDRESS<br>1117 Blue Pond Ln    |  |
| CITY-ST-ZIP<br>Ponce de Leon, FL.      |  |
| TITLE<br>P                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>Jim Dorsey                     |  |
| STREET ADDRESS<br>454 Blue Pond Circle |  |
| CITY-ST-ZIP<br>Ponce de Leon, FL.      |  |
| TITLE                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                   |  |
| STREET ADDRESS                         |  |
| CITY-ST-ZIP                            |  |
| TITLE                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                   |  |
| STREET ADDRESS                         |  |
| CITY-ST-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: **Vernie F. Brown** Vernie F. Brown **2-24-06 859-2916** (850)