

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90049 031 ****61.25

DOCUMENT # N93000004830			
1. Entity Name BLUE LAKE/BLUE CYPRESS HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 1117 BLUE POND LN. PONCE DE LEON FL 32455 US		Mailing Address 1117 BLUE POND LN. PONCE DE LEON FL 32455 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0440501		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, VERNIE 1117 BLUE POND LN. PONCE DE LEON FL 32455		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, VERNIE F	NAME	
STREET ADDRESS	1117 BLUE POND LN	STREET ADDRESS	
CITY - ST - ZIP	PONCE DE LEON FL 32455	CITY - ST - ZIP	
P <input checked="" type="checkbox"/> Delete		President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DORSEY, JIM	NAME	Robin Bridges
STREET ADDRESS	454 BLUE POND CIRCLE	STREET ADDRESS	516 Blue Pond Circle
CITY - ST - ZIP	PONCE DE LEON FL 32455	CITY - ST - ZIP	Ponce De Leon FL 32455
PD <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUNER, SYLVIA L	NAME	
STREET ADDRESS	36 BLUE POND CIRCLE	STREET ADDRESS	
CITY - ST - ZIP	PONCE DELEON FL 32455	CITY - ST - ZIP	
SD <input checked="" type="checkbox"/> Delete		Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUSHING, TINA	NAME	Jean Kittelson
STREET ADDRESS	10175 STATE HWY 83	STREET ADDRESS	1365 Blue Pond Ln.
CITY - ST - ZIP	DEFUNIAK SPRINGS FL 32433	CITY - ST - ZIP	Ponce De Leon FL 32455
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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** (850) 859-2916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #