

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000004830

FILED
Oct 19, 2009
Secretary of State

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

Current Principal Place of Business:

1117 BLUE POND LN.
PONCE DE LEON, FL 32455 US

New Principal Place of Business:

Current Mailing Address:

1117 BLUE POND LN.
PONCE DE LEON, FL 32455 US

New Mailing Address:

FEI Number: 65-0440501 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, VERNIE
1117 BLUE POND LN.
PONCE DE LEON, FL 32455 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: VERNIE F. BROWN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BROWN, VERNIE F
Address: 1117 BLUE POND LN
City-St-Zip: PONCE DE LEON, FL 32455

Title: P () Delete
Name: ROBIN, BRIDGES
Address: 1516 BLUE POND CIRCLE
City-St-Zip: PONCE DE LEON, FL 32455

Title: VP () Delete
Name: DORSEY, JIM
Address: 454 BLUE POND CIRCLE
City-St-Zip: PONCE DE LEON, FL 32455

Title: S () Delete
Name: RUSHING, TINA
Address: 510 BLUE POND CIRCLE
City-St-Zip: PONCE DE LEON, FL 32455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: FELLOWS, VERN
Address: 1173 BLUE POND LN
City-St-Zip: PONCE DE LEON, FL 32455

Title: VP (X) Change () Addition
Name: BRIDGES, ROBIN
Address: 1516 BLUE POND CIRCLE
City-St-Zip: PONCE DE LEON, FL 32455

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: VERNIE F. BROWN

Electronic Signature of Signing Officer or Director

TREA

10/19/2009

Date