

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004830

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** BLUE LAKE/BUE 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 (X)**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: P  
Name: MOORE, BILL  
Address: 1153 BLUE POND LN  
City-St-Zip: PONCE DE LEON, FL 32455

Title: VP  
Name: FELLOWS, VERN  
Address: 1173 BLUE POND LN  
City-St-Zip: PONCE DE LEON, FL 32455

Title: S  
Name: FELLOWS, BARBARA  
Address: 1173 BLUE POND LANE  
City-St-Zip: PONCE DE LEON, FL 32455

I hereby 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 all other like empowered.

**SIGNATURE:** VERNIE BROWN

TREA

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date