


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

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002412			
1. Entity Name BLUE RIVER COVE OWNERS' ASSOCIATION, INC.			
Principal Place of Business 4054 S BLUE RIVER COVE HOMOSASSA SPRINGS FL 34448 US		Mailing Address 4054 S BLUE RIVER COVE HOMOSASSA SPRINGS FL 34448 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BUCKCHEISTER, DANIEL C 4054 S BLUE RIVER COVE HOMOSASSA FL 34448		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		DATE	
<i>Signature typed or printed name of registered agent and title if applicable.</i>		<i>(NOTE: Registered Agent signature required when re-registering)</i>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	D	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	BUCKHEISTER, DANIEL C		U00000433628
STREET ADDRESS	4054 S. BLUE RIVER COVE TERR.		02/24/06-80023-020 61.25
CITY-ST-ZIP	HOMOSASSA FL 34448		
TITLE	PD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RAINFORD, JACK		
STREET ADDRESS	9682 W RIVER COVE PL		
CITY-ST-ZIP	HOMOSASSA FL 34448		
TITLE	DV	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	REID, JAMES N		
STREET ADDRESS	4010 S BLUE RIVER COVE TERRACE		
CITY-ST-ZIP	HOMOSASSA FL 34448		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
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: *Daniel C Buckheister* *Daniel A. Buckheister* 2/17/06 1/20/06 1951