


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 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**



01142007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3335331** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BUCKCHEISTER, DANIEL C**  
**4054 S BLUE RIVER COVE**  
**HOMOSASSA, FL 34448**

**DO NOT WRITE IN THIS SPACE**

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 *Daniel C Buckcheister* *Daniel C Buckcheister* *1/14/07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rotating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000529828  
 01/18/07-80031-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKHEISTER, DANIEL C 4054 S. BLUE RIVER COVE TERR. HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAINFORD, JACK 9682 W RIVER COVE PL HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REID, JAMES N 4010 S BLUE RIVER COVE TERRACE HOMOSASSA, FL 34448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Buckcheister* *Daniel C Buckcheister* *1/14/07* *(352) 613-0691*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date: Telephone Phone #