


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000002412

1. Entity Name
BLUE RIVER COVE OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

**4054 S BLUE RIVER COVE,
HOMOSSA SPRINGS, FL 34448 US** **4054 S BLUE RIVER COVE
HOMOSSA SPRINGS, FL 34448 US**

DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3335331	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**BUCKCHEISTER, DANIEL C
4054 S BLUE RIVER COVE
HOMOSSA, 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* *1/10/08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

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

U00000779970
01/14/08-80003-016 61.25

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* *1/10/08* *(352)628-1951*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #