2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000004001

1. Entity Name
BLACKWATER RIVER SUBDIVISION HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6400 WAYLON DRIVE MILTON, FL 32583 US	6400 WAYLON DRIVE MILTON, FL 32583 US

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01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3395495
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ETHRIDGE, DORIS
6400 WAYLON DR
MILTON, FL 32583

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, STEVE
STREET ADDRESS	10707 SUN UP CT.
CITY-ST-ZIP	MILTON, FL 32583
TITLE	VD
NAME	JONES, TERESA
STREET ADDRESS	10707 SUN UP CT
CITY-ST-ZIP	MILTON, FL 32583
TITLE	STD
NAME	ETHRIDGE, DORIS
STREET ADDRESS	6400 WAYLON DR.
CITY-ST-ZIP	MILTON, FL 32583
TITLE	D
NAME	WHITEHEAD, CINDY
STREET ADDRESS	10780 HATCHEN ST.
CITY-ST-ZIP	MILTON, FL 32583
TITLE	D
NAME	ETHRIDGE, RICHARD
STREET ADDRESS	6400 WAYLON DR.
CITY-ST-ZIP	MILTON, FL 32583
TITLE	D
NAME	JONES, WILLIAM
STREET ADDRESS	10706 SUN UP CT
CITY-ST-ZIP	MILTON, FL 32583

000000427746
02/21/06-80020-020 61.25

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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: Doris Ethridge 2-6-06 850-983-7266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #