

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004001

FILED
Mar 13, 2009
Secretary of State

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

Current Principal Place of Business:

6400 WAYLON DRIVE
MILTON, FL 32583 US

New Principal Place of Business:

Current Mailing Address:

6400 WAYLON DRIVE
MILTON, FL 32583 US

New Mailing Address:

FEI Number: 59-3395495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ETHRIDGE, DORIS
6400 WAYLON DR
MILTON, FL 32583 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: PD () Delete
Name: JONES, STEVE
Address: 10707 SUN UP CT.
City-St-Zip: MILTON, FL 32583

Title: VD () Delete
Name: JONES, TERESA
Address: 10707 SUN UP CT
City-St-Zip: MILTON, FL 32583

Title: STD () Delete
Name: ETHRIDGE, DORIS
Address: 6400 WAYLON DR.
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: LOUIS, RANDAL
Address: 5704 DONE DR
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: ETHRIDGE, RICHARD
Address: 6400 WAYLON DR.
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: JONES, WILLIAM
Address: 10706 SUN UP CT
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ST. LOUIS, RANDAL
Address: 5704 DONE DR
City-St-Zip: PACE, FL 32571

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DORIS ETHRIDGE

STD

03/13/2009

Electronic Signature of Signing Officer or Director

Date