

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004001

FILED  
Mar 12, 2011  
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  
Name: JONES, STEVE  
Address: 10707 SUN UP CT.  
City-St-Zip: MILTON, FL 32583

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DORIS ETHRIDGE

STD

03/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date