

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005550

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** BLUE ANGEL LAKE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9660 WESTGATE CIR  
PENSACOLA, FL 32507 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 34417  
PENSACOLA, FL 32507 US

**New Mailing Address:**

**FEI Number:** 59-3454920

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CALLAHAN, THOMAS  
1660 WEST GATE CIRCLE  
PENSACOLA, FL 32507 US

**Name and Address of New Registered Agent:**

OLSON, JAMES  
9546 WESTGATE CIRCLE  
PENSACOLA, FL 32507 US

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: JAMES OLSON

01/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CALLAHAN, TOM  
Address: 9660 WESTGATE CIRCLE  
City-St-Zip: PENSACOLA, FL 32507

Title: VPD ( ) Delete  
Name: DAY, ALVIN  
Address: 9700 WESTGATE CIR  
City-St-Zip: PENSACOLA, FL 32507

Title: SD ( ) Delete  
Name: WILLIAMS, PRISCILLA  
Address: 9540 WESTGATE CIRCLE  
City-St-Zip: PENSACOLA, FL 32507

Title: TD ( ) Delete  
Name: CALLAHAN, JACKIE  
Address: 9660 WESTGATE CIR  
City-St-Zip: PENSACOLA, FL 32507

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: OLSON, JAMES  
Address: 9546 WESTGATE CIRCLE  
City-St-Zip: PENSACOLA, FL 32507

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

Title: SD (X) Change ( ) Addition  
Name: PINSKY, SUE  
Address: 9624 WESTGATE CIRCLE  
City-St-Zip: PENSACOLA, FL 32507

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: JACKIE LEE CALLAHAN

TD

01/07/2009

Electronic Signature of Signing Officer or Director

Date