

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005047 (2)**

1. Corporation Name

BLACKWATER PROPERTY OWNERS' ASSOCIATION, INC.

FILED
Mar 27 1998 8:00am
Secretary of State



Principal Place of Business		Mailing Address					
300 S. WASHINGTON AVENUE BOX 23 FT. MEADE FL 33841		300 S. WASHINGTON AVENUE BOX 23 FT. MEADE FL 33841					
2. Principal Place of Business		2a. Mailing Address					
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.					
22 City & State		27 City & State					
24 Zip	Country	Zip	Country				
25	26	29	30				
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WRIGHT, ROGER N 300 S. WASHINGTON AVENUE BOX 23 FT. MEADE FL 33841				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, ROGER N		1.2 NAME
STREET ADDRESS	300 S. WASHINGTON AVENUE, BOX 23		1.3 STREET ADDRESS
CITY-ST-ZIP	FT. MEADE FL 33841		1.4 CITY-ST-ZIP
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, DALE S		2.2 NAME
STREET ADDRESS	300 S. WASHINGTON AVENUE, BOX 23		2.3 STREET ADDRESS
CITY-ST-ZIP	FT. MEADE FL 33841		2.4 CITY-ST-ZIP
TITLE	STD	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, SUSAN E		3.2 NAME
STREET ADDRESS	300 S. WASHINGTON AVENUE, BOX 23		3.3 STREET ADDRESS
CITY-ST-ZIP	FT. MEADE FL 33841		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roger N. Wright

1-7-98

941-285-8151

CR2E037 (10/97)