-2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9700005047 1. Entity Name BLACKWATER PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 300 S. WASHINGTON AVENUE 300 S. WASHINGTON AVENUE

FILED Feb 01, 2001 8:00 am Secretary of State 02-01-2001 90005 038 ****61.25

BOX 23 FT. MEADE FL			BOX 29 FT. MEADE FL 33841		 	- 810 / 811 / 811 / 81 / 10 / 1	1 20 441 11 741 18	1 1 1 1844 12 44 1	! !! !! !!!!		
2. Principal Place of Business			3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			7	DO NOT WRITE IN THIS SPACE				
City & State	e		City & State			4. FEi Numbe	59-3489034	· · · · ·	— — —	plied For ot Applicable	7
Zip Country			Zip Cou		ıntry	5. Certificate	5. Certificate of Status Desired See Required		fitional	1	
	6 Name	and Address of Current R	egistered Agent		1 -	7 Name and	Address of New Ro				┨
	O. INDITIO	and Address of Carrelle A	egistered Agent		Name	7. Name and	Addless of New No	sgistereu A	Acut		┪
WRIGHT, ROGER N 300 S. WASHINGTON AVENUE						Street Address (P.O. Box Number is Not Acceptable)					
BOX 23 FT. MEAD	E FL 3384	1			City		FL		Zip Code	Zip Code	
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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
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FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			.00 May Be Make Check Payable to Department of State					1
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	ertify that the	information supplied with t	his filing does not qualify for			Section 119.07(3Vi) Florida Statutos I	further certi	fir that the in		1

indicated on this report or supplied with this limit quoes not qualifyrer me exemption stated in Section 119.07(3)(i). 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 of trultee 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:

863 - 285 - 8151 Daytime Phone #