

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005047

1. Entity Name

BLACKWATER PROPERTY OWNERS' ASSOCIATION, INC.

**FILED**  
Feb 07, 2002 8:00 am  
Secretary of State

02-07-2002 90326 026 \*\*\*\*70.00

Principal Place of Business

300 S. WASHINGTON AVENUE  
BOX 23  
FT. MEADE FL 33841

Mailing Address

300 S. WASHINGTON AVENUE  
BOX 23  
FT. MEADE FL 33841

2. Principal Place of Business

5502 BLACKWATER DR

3. Mailing Address

5507 BLACKWATER DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33810

Country

USA

Zip

33810

Country

USA

4. FEI Number

59-3489034

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, ROGER N  
300 S. WASHINGTON AVENUE  
BOX 23  
FT. MEADE FL 33841

7. Name and Address of New Registered Agent

Name  
DAVID MINTON

Street Address (P.O. Box Number is Not Acceptable)

5507 BLACKWATER DR

City

LAKELAND

FL

Zip Code

33810

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 DAVID MINTON

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

*David Minton*

(NOTE: Registered Agent signature required when reinstating)

01/17/02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME WRIGHT, ROGER N  
STREET ADDRESS 300 S. WASHINGTON AVENUE, BOX 23  
CITY-ST-ZIP FT. MEADE FL 33841 ☒ Delete

TITLE VPD  
NAME WRIGHT, DALE S  
STREET ADDRESS 300 S. WASHINGTON AVENUE, BOX 23  
CITY-ST-ZIP FT. MEADE FL 33841 ☒ Delete

TITLE STD  
NAME WRIGHT, SUSAN E  
STREET ADDRESS 300 S. WASHINGTON AVENUE, BOX 23  
CITY-ST-ZIP FT. MEADE FL 33841 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME ROBERT HATFIELD  
STREET ADDRESS 5502 BLACKWATER DR  
CITY-ST-ZIP LAKELAND, FL 33810 ☒ Change ☐ Addition

TITLE VPD  
NAME JEREMIA CHAPARRO  
STREET ADDRESS 544 FOREST CREEK CT  
CITY-ST-ZIP LAKELAND, FL 33810 ☒ Change ☐ Addition

TITLE STD  
NAME DAVID MINTON  
STREET ADDRESS 5507 BLACKWATER DR  
CITY-ST-ZIP LAKELAND, FL 33810 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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 or trustee 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: *David Minton* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/02 863-814-2392

Date

Daytime Phone #

CR2E037 (9/01)