

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90003 035 \*\*\*\*61.25

34069116



<b>DOCUMENT # N97000005047</b> 1. Entity Name <b>BLACKWATER PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>5502 BLACKWATER DR LAKELAND, FL 33810</b>			Mailing Address <b>5507 BLACKWATER DR LAKELAND, FL 33810</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01302004 Chg-NP CR2E037 (10/03) 4. FEI Number <b>59-3489034</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MINTOM, DAVID 5507 BLACKWATER DR LAKELAND, FL 33810</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HATFIELD, ROBERT</b>		NAME		
STREET ADDRESS	<b>5502 BLACKWATER DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKELAND, FL 33810</b>		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MINTON, DAVID</b>		NAME	<b>RICH SCOTT</b>	
STREET ADDRESS	<b>5507 BLACKWATER DRIVE</b>		STREET ADDRESS	<b>5506 BLACKWATER DR</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33810</b>		CITY-ST-ZIP	<b>LAKELAND, FL 33810</b>	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PATTERSON, RHONDA</b>		NAME	<b>DAVID MINTON</b>	
STREET ADDRESS	<b>5517 BLACKWATER DRIVE</b>		STREET ADDRESS	<b>5507 BLACKWATER DR</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33810</b>		CITY-ST-ZIP	<b>LAKELAND, FL 33810</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>BOARD MEMBER</b>	
STREET ADDRESS			STREET ADDRESS	<b>RODNEY STINSON</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>5513 BLACKWATER DR</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>BOARD MEMBER</b>	
STREET ADDRESS			STREET ADDRESS	<b>MICHAEL KUYKENDALL</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>5511 BLACKWATER DR</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>BOARD MEMBER</b>	
STREET ADDRESS			STREET ADDRESS	<b>ANN SCOTT</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>5505 BLACKWATER DR</b>	
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.			DAVID MINTON SEC. 1-30-04 863-816-2392 Date Daytime Phone #		