


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90054 040 ****61.25

DOCUMENT # N97000005047 1. Entity Name BLACKWATER PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 5502 BLACKWATER DR LAKELAND, FL 33810		Mailing Address 5507 BLACKWATER DR LAKELAND, FL 33810	
2. Principal Place of Business 5511 Blackwater Dr. Suite, Apt. #, etc.		3. Mailing Address 5511 Blackwater Suite, Apt. #, etc.	
City & State Lakeland Fla. Zip 33810		City & State Lakeland Fla. Zip 33810	
Country Hillsborough		Country Hills	
4. FEI Number 59-3489034		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINTOM, DAVID 5507 BLACKWATER DR LAKELAND, FL 33810		7. Name and Address of New Registered Agent Name Lisa Kuykendall Street Address (P.O. Box Number is Not Acceptable) 5511 Blackwater Dr. Lakeland City 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u><i>Lisa Kuykendall</i></u> Lisa Kuykendall - Secretary 1/31/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.) DATE</small>			
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME HATFIELD, ROBERT STREET ADDRESS 5502 BLACKWATER DR CITY-ST-ZIP LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete	TITLE STD NAME Kuykendall, Lisa STREET ADDRESS 5511 Blackwater Dr CITY-ST-ZIP Lakeland, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME SCOTT, RIOH STREET ADDRESS 5506 BLACKWATER DR CITY-ST-ZIP LAKELAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME MINTON, DAVID STREET ADDRESS 5507 BLACKWATER DR CITY-ST-ZIP LAKELAND, FL 33810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BM NAME STINSON, RODNEY STREET ADDRESS 5513 BLACKWATER DR CITY-ST-ZIP LAKELAND, FL 33810	<input type="checkbox"/> Delete	TITLE PD NAME Stinson, Rodney STREET ADDRESS 5513 Blackwater Dr. CITY-ST-ZIP Lakeland, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BM NAME KUYKENDALL, MICHAEL STREET ADDRESS 5511 BLACKWATER DR CITY-ST-ZIP LAKELAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BM NAME SCOTT, ANN STREET ADDRESS 5505 BLACKWATER DR CITY-ST-ZIP LAKELAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <u><i>Lisa Kuykendall</i></u> Lisa Kuykendall-31-05 858-55109 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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