

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-27-2006 90084 032 ****61.25

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1st MOORE CR2E037 (10/05)

DOCUMENT # N97000005047					
1. Entity Name BLACKWATER PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 5511 BLACKWATER DR. LAKELAND FL 33810			Mailing Address 5511 BLACKWATER DR. LAKELAND FL 33810		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	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 KUYKENDALL, LISA 5511 BLACKWATER DR LAKELAND FL 33810				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. 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 retained when re-registering)</small> DATE _____					
FILE NOW - FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <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	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUYKENDALL, LISA		NAME		
STREET ADDRESS	5511 BLACKWATER DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, RIOH		NAME		
STREET ADDRESS	5506 BLACKWATER DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STINSON, RODNEY		NAME		
STREET ADDRESS	5513 BLACKWATER DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUYKENDALL, MICHAEL		NAME		
STREET ADDRESS	5511 BLACKWATER DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, ANN		NAME		
STREET ADDRESS	5505 BLACKWATER DR		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Lisa Kuykendall</i>			Date: <i>3/11/06</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		