
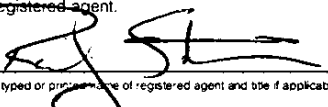
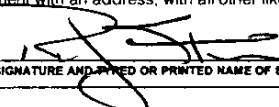


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90448 031 \*\*\*\*61.25

<b>DOCUMENT # N97000005047</b>					
<b>1. Entity Name</b> BLACKWATER PROPERTY OWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5511 BLACKWATER DR. LAKE LAND, FL 33810			<b>Mailing Address</b> 5511 BLACKWATER DR. LAKE LAND, FL 33810		
<b>2. Principal Place of Business - No P.O. Box #</b> 5513 BLACKWATER DR.		<b>3. Mailing Address</b> 5513 BLACKWATER DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> LAKE LAND FL.		<b>City &amp; State</b> LAKE LAND FL.		<b>4. FEI Number</b> 59-3489034	
<b>Zip</b> 33810		<b>Country</b> U.S.		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  KUYKENDALL, LISA 5511 BLACKWATER DR LAKE LAND, FL 33810			<b>7. Name and Address of New Registered Agent</b> Name: <u>RODNEY STINSON</u> Street Address (P.O. Box Number is Not Acceptable): <u>5513 BLACKWATER DR.</u> City: <u>LAKE LAND</u> <u>FL</u> Zip Code: <u>33810</u>		
<b>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.</b>					
SIGNATURE: 			DATE: <u>4/23/07</u>		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			DATE		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> STD	<b>NAME</b> KUYKENDALL, LISA	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> BM/5	<b>NAME</b> ROBERT HATFIELD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 5511 BLACKWATER DR	<b>CITY-ST-ZIP</b> LAKE LAND, FL 33810		<b>STREET ADDRESS</b> 5502 BLACKWATER DR.	<b>CITY-ST-ZIP</b> LAKE LAND FL. 33810	
<b>TITLE</b> VPD	<b>NAME</b> SCOTT, RIOH	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VPD	<b>NAME</b> STEVE N. VEREPEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 5506 BLACKWATER DR	<b>CITY-ST-ZIP</b> LAKE LAND, FL 33810		<b>STREET ADDRESS</b> 5601 FOREST CREEK RD.	<b>CITY-ST-ZIP</b> LAKE LAND FL. 33810	
<b>TITLE</b> PD	<b>NAME</b> STINSON, RODNEY	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 5513 BLACKWATER DR	<b>CITY-ST-ZIP</b> LAKE LAND, FL 33810		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> BM	<b>NAME</b> KUYKENDALL, MICHAEL	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 3M	<b>NAME</b> DON BROWN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 5511 BLACKWATER DR	<b>CITY-ST-ZIP</b> LAKE LAND, FL 33810		<b>STREET ADDRESS</b> 5609 FOREST CREEK RD.	<b>CITY-ST-ZIP</b> LAKE LAND FL. 33810	
<b>TITLE</b> BM	<b>NAME</b> SCOTT, ANN	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 5505 BLACKWATER DR	<b>CITY-ST-ZIP</b> LAKE LAND, FL 33810		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b> 			DATE: <u>4/23/07</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE #		