

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004830

Entity Name: BLUE LAKE/BUE CYPRESS HOMEOWNERS' ASSOCIATION, INC.**FILED**
Mar 28, 2020
Secretary of State
1573035403CC**Current Principal Place of Business:**1117 BLUE POND LN.
PONCE DE LEON, FL 32455**Current Mailing Address:**1117 BLUE POND LN.
PONCE DE LEON, FL 32455 US**FEI Number: 65-0440501****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BROWN, VERNIE
1117 BLUE POND LN.
PONCE DE LEON, FL 32455 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	T
Name	BROWN, VERNIE F
Address	1117 BLUE POND LN
City-State-Zip:	PONCE DE LEON FL 32455

Title	PRESIDENT
Name	ARISTIDE, THOMAS
Address	975 BLUE POND LANE
City-State-Zip:	PONCE DE LEON FL 32455

Title	VP
Name	RUSHING, TINA
Address	510 BLUE POND CIRCLE
City-State-Zip:	PONCE DE LEON FL 32455

Title	SECRETARY
Name	RAZEY, DAVID
Address	1173 BLUE POND LN
City-State-Zip:	PONCE DE LEON FL 32455

Title	MEMBER AT-LARGE
Name	SCRUGGS, ANN
Address	316 BAINBRIDGE ST
City-State-Zip:	PANAMA CITY BEACH FL 32413

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID RAZEY**SECRETARY****03/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date