

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004830

**Entity Name:** BLUE LAKE/BLUE CYPRESS HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 11, 2019**  
**Secretary of State**  
**3613686124CC**

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

Title VP  
Name OVANEK, DAVE  
Address 528 BLUE POND CIRCLE  
City-State-Zip: PONCE DE LEON FL 32455

*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: VERNIE BROWN**

**TREASURER**

**04/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date