

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004830

**Entity Name:** BLUE LAKE/BLUE CYPRESS HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Apr 25, 2024**  
**Secretary of State**  
**1614930545CC****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: VERNIE BROWN****04/25/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title	SECRETARY
Name	HOWELL, JODI
Address	1524 BLUE POND LANE
City-State-Zip:	PONCE DE LEON FL 32455

Title	VP
Name	CAIN, LEONARD
Address	1525 BLUE POND LANE
City-State-Zip:	PONCE DE LEON FL 32455

Title	PRESIDENT
Name	SCRUGGS, WILLIAM
Address	1237 BLUE POND LANE
City-State-Zip:	PONCE DE LEON FL 32455

Title	AT LARGE MEMBER
Name	SCRUGGS, ANN
Address	1221 BLUE POND LANE
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: WILLIAM SCRUGGS****PRESIDENT****04/25/2024**

Electronic Signature of Signing Officer/Director Detail

Date