

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727430 (1)
1. Corporation Name
BLUEBERRY BAY RECREATION ASSOCIATION, INC.



Principal Place of Business
**NE 205 TERRACE
P.O. 547
EARLETON FL 32631
US**

Mailing Address
**NE 205 TERRACE
P.O. 547
EARLETON FL 32631
US**

3. Date Incorporated or Qualified **09/11/1973** 3a. Date of Last Report **01/27/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2901746		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip Country		25 Zip Country		29 Zip Country		30 Zip Country	

9. Name and Address of Current Registered Agent

**GORDON, WILLIAM K.
ST. RD. 26 & GROVE ST.
MELROSE FL 32666**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRD, PAUL L.	1.2 NAME	
STREET ADDRESS	C.R. 1469 AT N.E. 7B	1.3 STREET ADDRESS	
CITY-ST-ZIP	EARLETON FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZUKOWSKI, MARY	2.2 NAME	BENNETT, GORDON
STREET ADDRESS	CR 1469 AT NE 205TH TERRACE	2.3 STREET ADDRESS	PO BOX 5426 (20711 COUNTY RD 1469)
CITY-ST-ZIP	EARLETON FL	2.4 CITY-ST-ZIP	GAINESVILLE FL 32602
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, ELIZABETH	3.2 NAME	
STREET ADDRESS	CR 1469 AT NE 205 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	EARLETON FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, SUSAN	4.2 NAME	
STREET ADDRESS	CR 1469 AT NE 205 TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EARLETON FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

Date

#352) 475-1269

Day/Time Phone #

CR2E037 (12/95)