


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90002 044 ****61.25

DOCUMENT # 746108

1. Entity Name
THE BLUFFS TOWNHOUSE HOMEOWNERS ASSOCIATION, INC



24076957

Principal Place of Business
**2317 SEMINOLE RD
 ATLANTIC BEACH, FL 32233**

Mailing Address
**2317 SEMINOLE BCH RD.
 ATLANTIC BEACH, FL 32233-5925 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
2317 SEMINOLE ROAD
 Suite, Apt. #, etc.

03182003 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2200231

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

**MEISER, C. KEITH
 2317 SEMINOLE RD
 ATLANTIC BEACH, FL 32233**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

**Filing Fee is \$61.25
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** Delete
 NAME **HOWELL, DAVID R.**
 STREET ADDRESS **40 SEMINOLE LDG**
 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **D/S** Change Addition
 NAME **WANKAT, MARILYN**
 STREET ADDRESS **60 SEMINOLE LANDING**
 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **TDP** Delete
 NAME **MEISER, C. KEITH**
 STREET ADDRESS **2317 SEMINOLE RD.**
 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **D/P** Change Addition
 NAME **MEISER, C. KEITH**
 STREET ADDRESS **2317 SEMINOLE ROAD**
 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **D** Delete
 NAME **BETCHKAL, ANN**
 STREET ADDRESS **2337 B SEMINOLE RD.**
 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **D** Change Addition
 NAME **BOHR, SARAH**
 STREET ADDRESS **2376 SEMINOLE ROAD**
 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **D** Delete
 NAME **LESNICK, RICHARD**
 STREET ADDRESS **30 SEMINOLE LDG.**
 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **D/T** Change Addition
 NAME **CRAIG, CAROL**
 STREET ADDRESS **10 SEMINOLE LANDING**
 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **D** Delete
 NAME **SEDGWICK, MARY**
 STREET ADDRESS **2327 SEMINOLE RD.**
 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LINDLEY, GEORGE A**
 STREET ADDRESS **2323 SEMINOLE RD.**
 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **D/V** Change Addition
 NAME **WYNKOOP, PETER**
 STREET ADDRESS **2325 SEMINOLE ROAD**
 CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: C. Keith Meiser **5/24/04** **(904)247-1270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #