


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90038 019 ****61.25

DOCUMENT # 746108					
1. Entity Name THE BLUFFS TOWNHOUSE HOMEOWNERS ASSOCIATION, INC					
Principal Place of Business 2317 SEMINOLE RD ATLANTIC BEACH, FL 32233			Mailing Address 2317 SEMINOLE RD. ATLANTIC BEACH, FL 32233-5925 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2200231	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
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		
			State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANKAT, MARILYN			NAME	
STREET ADDRESS	60 SEMINOLE LANDING			STREET ADDRESS	60 SEMINOLE LANDING ROAD
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233			CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISER, C.KEITH			NAME	
STREET ADDRESS	2317 SEMINOLE RD.			STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG, CAROL			NAME	
STREET ADDRESS	10 SEMINOLE LANDING			STREET ADDRESS	10 SEMINOLE LANDING ROAD
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDGWICK, MARY			NAME	
STREET ADDRESS	2327 SEMINOLE RD.			STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233			CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNKOOP, PETER			NAME	
STREET ADDRESS	2325 SEMINOLE ROAD			STREET ADDRESS	12550 MISSION HILLS CIRCLE SOUTH
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233			CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>C. Keith Meiser</u>		C. KEITH MEISER		Date: <u>2/7/06</u> Daytime Phone #: <u>(904) 247-1270</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					