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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N33580

(4)

BLUEWATER KEY RV OWNERSHIP PARK PROPERTY OWNERS

MOSOCI	ATION INC								
Principal Place of Business Mailing Address							BANCANAN AND AND		JURIA BURIA HADO
MILE MARKER 14 US HWY 1 SADDLEBUNCH K	I.3 (EY FL 33042-9673	MILE MARKER 14.3 US HWY 1 SADDLEBUNCH KEY FL							
WINDSELDONION I						3. Date Incorporated or Qualified 08/03/1989	3a. Date of 01/	Last R 31/19	
2. Principal Plac	ce of Business	2a. Mailing Address	2a. Mailing Address 26			4. FEI Number 65-0163607			optied For ot Applicable
Suite, Apt #,	etc.	Suite, Apt #, etc.				Certificate of Status Desired	□ \$8		Additional
22	1 (11 P 11 P 12 P 1 P 1 P 1 P 1 P 1 P 1 P 1	27							equired
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution	_		May Be lo Fees
Zip	Country	Zip	Cour	ntry		This corporation has liability for it			
24 25		29				Florida Statutes Yes No			
	9. Name and Address of Curr	ent Registered Agent		54 T		10. Name and Address of New Re	gistered Agen	<u>t </u>	
	A115 A 15		İ	81	Name				
	.OYD A., JR.		82 Street Ac			dress (P.O. Box Number is Not Acceptable)			
MILE MAR US HWY			}	83					
	UNCH KEY FL 33044							,	
					City		FL 85	1	Code
11. Pursuant to office or reg agent. I am	the provisions of Sections 617.0 pistered agent, or both, in the Sta familiar with, and accept the obl	502 and 617,1508, Florida Stat te of Florida Such change wa igations of, Section 617,0503,	tutes, the ab s authorized Florida Stati	ove-	named corpo the corporatio	ration submits this statement for the p in's board of directors. I hereby accep	urpose of char t the appointm	iging it ent as	s registered registered
SIGNATURE									
12.	jnature, typed or punted name of registered a	agent and title if applicable (N ND DIRECTORS	OTE: Registered	Apen	t signature required		DATE	COTOS	DO IN 40
TILLE	PD	DELETE	13. 1.1 Til	LE		ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	GOOD, LLOYD A., JR	_	1.2 NA				<u></u> -		
STREET ADDRESS	P O OFFICE BOX 148 N/A		1.3 ST	REET A	ADDRESS				
CITY-ST-ZIF	SUGARLOAF KEY FL		1.4 CITY-ST-ZIP		-ZIP				
TITLE	DELETE DELETE		2.1 TIT	2.1 TITLE				hange	Addition
NAME	DUNCAN, CATHERINE	14	2.2 NAME						
STREET ADDRESS	POST OFFICE BOX 148	luz.	2.3 STI	REET A	adoress				
CITY ST-ZIP	SUGARLOAF KEY FL	DELETE	2.4 01		-ZIP		- П	hange	Addition
TITLE NAME	STD ZICKERT, DOLORES	□ nerese	31 TIT 32 NA					папус	LT ADDITION
STREET ADDRESS	LOT 12 E. CARIBBEAN DR				ADDRESS				
CITY - ST - ZIP	SUMMERLAND KEY FL		3.4. CI						
TITLE		DELETE	41 TIT			18 (18 (18 (18 (18 (18 (18 (18 (18 (18 (hange	☐ Addition
NAME			4 2 N/	AME					
STREET ADDRESS			4.3 ST	REET A	NDDRESS				
CITY-ST-ZIP	The second secon		4.4 C()		- ZIP				
THILE		☐ DELETE	5 1 TfT					change	L. Addition
NAME BYOSEL ADEDGES			5.2 NA						
STREET ADDRESS					ADDAESS				
CHY+S1-ZIP TITLE		DELETE	5 4 CH 6 1 TiT		-24		П	hange	Addition
NAME			62 NA				<u></u> ,		
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP				IY-ST	l l				

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

FILED

Mar 21 1997 8:00am

Secretary of State

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