

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 07, 2009  
Secretary of State

DOCUMENT# N33580

Entity Name: BLUEWATER KEY RV OWNERSHIP PARK PROPERTY OWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

2950 US HWY 1  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

2950 US HWY 1  
KEY WEST, FL 33040 US

**New Mailing Address:**

FEI Number: 65-0163607      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHWOBEL, CARL  
2950 US HIGHWAY 1  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SCHWOBEL, CARL  
Address: 2950 US HWY. 1  
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete  
Name: NAGEOTTE, DICK  
Address: 2950 US HWY 1  
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete  
Name: LEE, BOB  
Address: 2950 US HWY 1  
City-St-Zip: KEY WEST, FL 33020

Title: SD ( ) Delete  
Name: OETZEL, SKIP  
Address: 2950 US HWY 1  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: CARPENITO, SANDRA  
Address: 2950 US HWY 1  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: MAZUREK, JIM  
Address: 2950 US HWY 1  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: WABISKY, STAN  
Address: 2950 US HWY 1  
City-St-Zip: KEY WEST, FL 33020

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LEE, BOB  
Address: 2950 US HWY 1  
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARL SCHWOBEL

P

03/07/2009

Electronic Signature of Signing Officer or Director

Date