

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90171 002 ****61.25

DOCUMENT # **N33580**



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

Principal Place of Business

**2950 US HWY 1
KEY WEST FL 33040
US**

Mailing Address

**2950 US HWY 1
KEY WEST FL 33040
US**

2. Principal Place of Business

2950 US Hwy 1

*Key West
FLA*

3. Mailing Address

2950 US Hwy 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West

City & State

FLORIDA

4. FEI Number **65-0163607**

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

3304

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILSON, CORY MS
2950 US HIGHWAY 1
STE. 9
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE NAME	DP KASPER, GERALD	<input type="checkbox"/> Delete
STREET ADDRESS	1443 CEDAR POINT RD	
CITY-ST-ZIP	SANDUSKY OH 44870	
TITLE NAME	DBOD WILLIAMS, KEITH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3670 GREEN ACRES DR	
CITY-ST-ZIP	CARSON CITY NV 89703	
TITLE NAME	DT PHILLIPS, ANALEE	<input type="checkbox"/> Delete
STREET ADDRESS	1348 BRIAR ST	
CITY-ST-ZIP	SPRINGFIELD MO 65804	
TITLE NAME	DBOD WAGNER, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	4611 EARHART LANE	
CITY-ST-ZIP	BISMARCK ND 58504	
TITLE NAME	DS SICULAN, CAROLYN	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX 499	
CITY-ST-ZIP	GREENVILLE OH 45331	
TITLE NAME	DV HENSON, DENNIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	601 HILLSBORO	
CITY-ST-ZIP	EDWARDSVILLE IL 62025	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DBOD CORY KULOK	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2950 US Hwy 1 STE 9	
CITY-ST-ZIP	Key West, FL 33040	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DV BILL FRANTZ	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	47 SOMERSET RD.	
CITY-ST-ZIP	IOWA CITY, IA 52240	

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:

SIGNATURE REQUIRED

1-24-03

CR2E037 (10/02)