FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

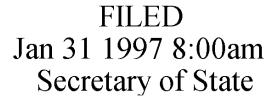
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

PARKWOOD LANE AT BLUEWATER BAY OWNERS' ASSOCIATI ON, INC.

	pai Plac		Business
DACT	VEEIVE	DAY	caca DWD

Mailing Address





POST OFFICE NICEVILLE FL	BOX 5062-BWB 32578	POST OFFICE BOX 5062-BY NICEVILLE FL 32578	WB		
					3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1990 03/14/1996
Principal Place of Business 21		2a. Mailing Address			4. FEI Number Applied For S9-3029693 Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	в	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip Country 30		У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
	9. Name and Address of Curren	it Registered Agent		Name	10. Name and Address of New Registered Agent
CILIONIC	AULONA ALVAT A				Dallas Mills
SIMONS, CLYDE A. 1599 PARKWOOD LANE			82	Street 45	Address (P.O. Box Number is Not Acceptable) 12 Parkwood Lane East
	LE FL 32578		8	1	
			84	City	Niceville FL 85 32578
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the above	/e-named	I corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familia with, and accept the obliga	ations of Section 617.0503, Flor	da Statute	98.	1-18-97
SIGNATURE _	Signature, typod or printed name of registered age	ot and title it annitrable / MOTE	Panistered A	ant signature	s required when reinstating) DATE
12.	OFFICERS ANI		13.	Perit Big racord	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	\$ 0	X DELETE	1.1 TITLE		Change ☐ Addition
NAME	TOSH, GARY R.		1.2 NAME	:	Mike McGee
STREET ADDRESS	4505 PARKWOOD LANE, W			T ADDRESS	1598 Parkwood Lane Niceville, FL 32578
CITY-ST-ZIP	NICEVILLE FL	DELETE	1.4 CITY-		
TITLE NAME	TD Gal, John	☐ Officie	2.1 TITLE 2.2 NAME		D & Change Addition
STREET ADORESS	4506 PARKWOOD LANE, W			T ADDRESS	4494 Parkwood Lane W.
CITY-ST-ZIP	NICEVILLE FL		2. 4 CITY		Niceville, FL 32578
TITLE	SD	☐ DELÉTE	3.1 TITLE		☐ Change ☐ Addition
NAME	PERCEVAL, PETER		3.2 NAME		
STREET ADDRESS	4497 PARKWOOD LANE, W		3.3 STREE	T ADDRESS	
CITY-ST-ZIP	NICEVILLE FL		3.4. CITY		
TITLE	D ADOOLEO TANINY	DELETE	4.1 TITLE		Change Addition
NAME	ARCOLEO, TAMMY L. 4540 PARKWOOD LANE, E		4.2 NAM	_	
STREET ADDRESS	NICEVILLE FL			T ADDRESS	
CITY+ST-ZIP TITLE	HIOLVILL I L	DELETE	4.4 CITY - 5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAM		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			5.4 CITY	ST-ZIP	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAMI		
STREET ADORESS				ET ADDRESS	
CITY-ST-ZIP]		6.4 CITY	ST-ZIP	

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.