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Secretary of State

03-01-1999 90109 020 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40138

1. Corporation Name

PARKWOOD LANE AT BLUEWATER BAY OWNERS' ASSOCIATION, INC.

Principal Place of Business

POST OFFICE BOX 5062-BWB
NICEVILLE FL 32578

Mailing Address

POST OFFICE BOX 5062-BWB
NICEVILLE FL 32578



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/26/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3029693	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional -- Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24	25	29	30		

9. Name and Address of Current Registered Agent

BENTON, CHESTLEY
4535 PARKWOOD LN E
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81	Name	SADOWSKI, STEPHEN
82	Street Address (P.O. Box Number is Not Acceptable)	4534 PARKWOOD LANE EAST
83		
84	City	NICEVILLE FL
85	Zip Code	32578

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Stephen Sadowski President Stephen SADOWSKI 1/14/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, JOHN	1.2 NAME	BUD MARCHANT
STREET ADDRESS	4508 PARKWOOD LN W	1.3 STREET ADDRESS	4507 PARKWOOD LANE WEST
CITY-ST-ZIP	NICEVILLE FL 32578	1.4 CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAL, JOHN	2.2 NAME	BARBARA STEIN
STREET ADDRESS	4506 PARKWOOD LN W	2.3 STREET ADDRESS	4508 WEST PARKWOOD LANE WEST
CITY-ST-ZIP	NICEVILLE FL 32578	2.4 CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHANE, JIM	3.2 NAME	CHRISTINE GORHAM
STREET ADDRESS	4494 PARKWOOD LN W	3.3 STREET ADDRESS	4530 PARKWOOD LANE EAST
CITY-ST-ZIP	NICEVILLE FL 32578	3.4 CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: BARBARA STEIN 1/14/99 850-897-9465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)