I hereby 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 all other like empowered.

#### SIGNATURE: ASHLEY WILLIAMS

Electronic Signature of Signing Officer/Director Detail

# Current Principal Place of Business:

C/O BLUE WATER COMMUNITY MANAGEMENT 4735 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34769

#### **Current Mailing Address:**

**DOCUMENT# 766066** 

C/O BLUE WATER COMMUNITY MANAGEMENT 4735 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34769 US

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### FEI Number: 59-2298544

### Name and Address of Current Registered Agent:

MARTINEZ, DONNIE 4735 OLD CANOE CREEK ROAD SAINT CLOUD, FL 34769 US

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.

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SIGNATURE:	DONNIE MARTINEZ			01/18/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT, SECRETARY	Title	VP, TREASURER	
Name	WILLIAMS, ASHLEY	Name	GOOD, MONICA	
	C/O BLUE WATER COMMUNITY MANAGEMENT 4735 OLD CANOE CREEK ROAD	Address	C/O BLUE WATER COMMUNITY MANAGEMENT 4735 OLD CANOE CREEK ROA	-
City-State-Zip:	SAINT CLOUD FL 34769	City-State-Zip:	SAINT CLOUD FL 34769	

Certificate of Status Desired: No

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PRESIDENT/SECRETARY

## FILED Jan 18, 2017 Secretary of State CC6814014942

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