

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000008045

**Entity Name:** BLUE WATERS RECOVERY FOUNDATION INC

**Current Principal Place of Business:**

521 SW 2ND PL  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

521 SW 2ND PL  
POMPANO BEACH, FL 33060 US

**FEI Number: 87-1534608**

**Certificate of Status Desired: No**

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

SKURATON, TIFFANY  
521 SW 2ND PL  
POMPANO BEACH, FL 33060 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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name SKURATON, TIFFANY  
Address 521 SW 2ND PL  
City-State-Zip: POMPANO BEACH FL 33060

Title VP  
Name SKURATON, JEFFREY  
Address 521 SW 2ND PL  
City-State-Zip: POMPANO BEACH FL 33060

Title COO  
Name SPANGO, PATRICIA  
Address 521 SW 2ND PL  
City-State-Zip: POMPANO BEACH FL 33060

Title DIR  
Name CUNNINGHAM, PETER  
Address 521 SW 2ND PL  
City-State-Zip: POMPANO BEACH FL 33060

*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: TIFFANY SKURATON**

**PRES**

**08/15/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date