FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 727430

1. Corporation Name

BLUEBERRY BAY RECREATION ASSOCIATION, INC.

Principal Place of Busine
NE 205 TERRACE P.O. 547 EARLETON FL 32631
US

2. Principal Place of Business

Mailing Address

NE 205 TERRACE P.O. 547 **EARLETON FL 32631**

2a. Mailing Address

FILED Apr 19, 1999 8:00 am § Secretary of State

04-19-1999 90022 028 ****61.25

348752 - 90022 - 28 2 **

3. Date Incorporated or Qualifed



21		26			09/11/1973			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	olied For	
22		27			59-2901746	Not	Applicable	
City & Stat	е	City & State	City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip Country			6. Election Campaign Financing S5.00 May Be			
24	25	29 30]		Trust Fund Contribution Added to Fees			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			81	Name				
COPPON WILLIAM K				Stroot Addre	ess (P.O. Box Number is Not Acceptable)			
GORDON, WILLIAM K. ST. RD. 26 & GROVE ST.				Sueet Addre	(F.O. BOX Nulliber is Not Acceptable)			
MELROSE FL 32666						85 Zip C	'odo	
			84	City	FL	85 Zip C	,000	
11. Purguant	to the provisions of Sections 617 0502	and 617.1508. Florida Statutes.	the above	e-named corpo	pration submits this statement for the purpose of	changing its	registered	
office or r	egistered agent or both in the State o	f Florida. Such change was auth	onzed by	the corporation	n's board of directors. I hereby accept the appoi	ntment as reg	istered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florida	Statutes	•				
SIGNATURE Signature, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND	, , , , , , , , , , , , , , , , , , , ,	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	BIRD, PAUL L.		1.2 NAME					
STREET ADDRESS	11930 NE 205TH TERRACE		1.3 STREET	ADDRESS				
	EARLETON FL		1.4 CITY-S					
CITY-ST-ZIP	PD	☐ DELETE	2.1 TITLE	1-21		Change	☐ Addition	
NAME	FELDTHAUSEN, KARL		2.2 NAME					
	11810 NE 203 TERRACE			ADDRESS				
STREET ADDRESS	EARLETON FL 32631		2. 4 CITY-S					
CITY-ST-ZIP TITLE	VD	□ DELETE	3.1 TITLE		······································	Change	Addition .	
`NAME	ZUKOWSKI, MARY		3.2 NAME	_ ,		· · .	-	
	CR 1469 AT NE 205 TERRACE	· ·	3.3 STREET	1 -				
STREET ADDRESS	EARLETON FL		3.4. CITY-S		•			
CITY-ST-ZIP	DS .	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME	BIRD, VIRGINIA K.		4. 2 NAME					
	_		-	TADDRESS				
STREET ADDRESS			4.4 CITY-S					
CITY-ST-ZIP	EARLETON FL 32631		5.1 TITLE	1-411		☐ Change	Addition	
			5.2 NAME			,	_	
NAME			5.3 STREET	TADDRESS				
STREET ADDRESS			5.4 CITY-S					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	-		Change	Addition	
			6.2 NAME					
NAME				TADORESS				
STREET ADDRESS				, , , , , , , , , , , , , , , , , , ,				
CITY-ST-ZIP			6.4 CITY-S	1-41				

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.