

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749744 (9)

1. Corporation Name

BLUE WATERS CONDOMINIUM ASSOCIATION, INC.

APPROVED
AND
FILED
95 MAY -1 CIVIC 15
REMITTED BY MAY 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**8105 W GULF BLVD
TREASURE ISLD FL 33706**

Mailing Address

**8105 W GULF BLVD
TREASURE ISLD FL 33706**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1979

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1691953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HORN, JACK
8105 WEST GULF BOULEVARD
TREASURE ISLAND FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HORN, JACK	12 NAME	
STREET ADDRESS	8105 W. GULF BLVD.	13 STREET ADDRESS	
CITY - ST - ZIP	TREASURE ISLAND FL	14 CITY - ST - ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	HORN, NANCY	22 NAME	
STREET ADDRESS	8105 W. GULF BLVD.	23 STREET ADDRESS	
CITY - ST - ZIP	TREASURE ISLAND FL	24 CITY - ST - ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	ANTHONY, JAMES A.	32 NAME	
STREET ADDRESS	8032-32ND AVE. NORTH	33 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JACK E. HORN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95
DATE

813-360-7775
TELEPHONE #