


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749744** (9)  
1. Corporation Name  
**BLUE WATERS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>8105 W GULF BLVD TREASURE ISLD FL 33706</b>	Mailing Address <b>8105 W GULF BLVD TREASURE ISLD FL 33706-5203</b>
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3. Date Incorporated or Qualified <b>11/09/1979</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	4. FEI Number <b>59-1691953</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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**

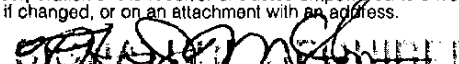
81 Name <b>McGovern Thomas J</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>8105 W. GULF BLVD</b>	83	84 City <b>Treasure Island FL</b>	85 Zip Code <b>33706</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida 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  P.D. 1-11-97  
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 <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HORN, JACK</b>		1.2 NAME <b>McGovern, Thomas J</b>	
STREET ADDRESS <b>8105 W. GULF BLVD.</b>		1.3 STREET ADDRESS <b>8105 W. GULF BLVD</b>	
CITY-ST-ZIP <b>TREASURE ISLAND FL</b>		1.4 CITY-ST-ZIP <b>Treasure Island FL 33706</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HORN, NANCY</b>		2.2 NAME <b>McGovern Rosetta</b>	
STREET ADDRESS <b>8105 W. GULF BLVD.</b>		2.3 STREET ADDRESS <b>8105 W. GULF BLVD</b>	
CITY-ST-ZIP <b>TREASURE ISLAND FL</b>		2.4 CITY-ST-ZIP <b>Treasure Island FL 33706</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANTHONY, JAMES A.</b>		3.2 NAME <b>Peggy J. Staggemeier</b>	
STREET ADDRESS <b>8032-32ND AVE. NORTH</b>		3.3 STREET ADDRESS <b>8105 W. GULF BLVD</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>		3.4 CITY-ST-ZIP <b>Treasure Island FL 33706</b>	
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 do 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.

SIGNATURE:  1-11-97 813-360-7993

CR2E037 (9/96)