

FILE NOW: FILING FEE IS \$61.25

FILED
May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758540** (9)

1. Corporation Name

MARINA VILLAS AT BLUEWATER BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1950 BLUEWATER BLVD.
NICEVILLE FL 32578
US**

**1950 BLUEWATER BLVD.
NICEVILLE FL 32578-3879
US**



3. Date Incorporated or Qualified **05/27/1981** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	58-1485786	☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	☐ \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No
Zip	Zip		
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MELNICK, NORBERT
708 SUNNINGDALE COVE
NICEVILLE FL 32578**

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 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

Sandra B. Mortham
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

4/24/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KNAPP, JUERGEN	1.2 NAME	
STREET ADDRESS	1950 BLUEWATER BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	MELNICK, NORBERT	2.2 NAME	Melnick, Norbert
STREET ADDRESS	708 SUNNINGDALE COVE	2.3 STREET ADDRESS	708 Sunningdale Cove
CITY-ST-ZIP	NICEVILLE FL 32578	2.4 CITY-ST-ZIP	Niceville, FL 32578
TITLE	STD ☒ DELETE	3.1 TITLE	VD ☐ Change ☒ Addition
NAME	ZAHN, PETER	3.2 NAME	Pebbles, Judith
STREET ADDRESS	1950 BLUEWATER BLVD.	3.3 STREET ADDRESS	2761 River Front Drive
CITY-ST-ZIP	NICEVILLE FL	3.4 CITY-ST-ZIP	Lithonia, GA 30058
TITLE	☐ DELETE	4.1 TITLE	S/T/D ☐ Change ☒ Addition
NAME		4.2 NAME	Carnazza, Vincent
STREET ADDRESS		4.3 STREET ADDRESS	1509 A Casey Court
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Niceville, FL 32578
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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.

\$61.25 BANK

CR2E037 (9/96)