FILE NOW: FILING FEE IS $61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **758540** **(9)**

1. Corporation Name

MARINA VILLAS AT BLUEWATER BAY CONDOMINIUM ASSOC IATION, INC.

Principal Place of Business	Mailing Address
1950 BLUEWATER BLVD. NICEVILLE FL 32578 US	1950 BLUEWATER BLVD. NICEVILLE FL 32578 US

3. Date Incorporated or Qualified: 05/27/1981

4. FEI Number: 58-1485786 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MELNICK, NORBERT
708 SUNNINGDALE COVE
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

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 617.0505, Florida Statutes.

SIGNATURE Norbert Melnick April 30, 1998
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	STD	☐ DELETE	1.1 TITLE	STD	☒ Change ☐ Addition
NAME	CARNAZZA, VINCENT		1.2 NAME	Carnazza, Vincent	
STREET ADDRESS	1509 A CASEY COURT		1.3 STREET ADDRESS	114 Rainbow Avenue	
CITY-ST-ZIP	NICEVILLE FL		1.4 CITY-ST-ZIP	Ft. Benning, GA 31905	
TITLE	PD	☐ 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	VD	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	PEBBLES, JUDITH		3.2 NAME	Hubbs, Donald	
STREET ADDRESS	2761 RIVER FRONT DRIVE		3.3 STREET ADDRESS	300 Yacht Club Drive, #8	
CITY-ST-ZIP	LITHONIA GA 30058		3.4 CITY-ST-ZIP	Niceville, FL 32578	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
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		

CR2E037 (10/97)

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.

SIGNATURE: Norbert Melnick April 30, 1998 (850) 897-3448