FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State
04-26-1999 90135 004 ****61.25

DOCUMENT # 758540

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 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/27/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 58-1485786 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.0503, Florida Statutes.

SIGNATURE Norbert Melnick Pres. 4/14/99
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	D	☒ Change ☐ Addition
NAME	CARNAZZA, VINCENT		1.2 NAME	Vincent Carnazza	
STREET ADDRESS	114 RAINBOW AVE		1.3 STREET ADDRESS	114 Rainbow Avenue	
CITY-ST-ZIP	FT BENNING GA 31905		1.4 CITY-ST-ZIP	Fort Benning, GA 31905	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MELNICK, NORBERT		2.2 NAME	Norbert Melnick	
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	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HUBBS, DOANLD		3.2 NAME	John Suerken	
STREET ADDRESS	300 YATCH CLUB DR, #8		3.3 STREET ADDRESS	1532 Glenlake Circle	
CITY-ST-ZIP	NICEVILLE FL 32578		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		

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.

SIGNATURE: Norbert Melnick 4/14/99 (850) 897-3613 x1141

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