

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90087 028 *****61.25

0019572

DOCUMENT # 758540

1. Entity Name

MARINA VILLAS AT BLUEWATER BAY CONDOMINIUM ASSOC

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

3. Mailing Address

Suite, Apt. #, etc.

4400 Hwy 20E Suite 313

Suite, Apt. #, etc.

P O Box 5263

City & State

Niceville, FL

City & State

Niceville, FL

Zip

32578

Country

USA

Zip

32578

Country

USA

4. FEI Number

58-1485786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MELNICK, NORBERT
 708 SUNNINGDALE COVE
 NICEVILLE FL 32578

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME D
 STREET ADDRESS CARNAZZA, VINCENT
 CITY-ST-ZIP 114 RAINBOW AVE
 FT BENNING GA 31905

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MELNICK, NORBERT
 CITY-ST-ZIP 708 SUNNINGDALE COVE
 NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MAYERCIK, MICHAEL
 CITY-ST-ZIP 300 YACHT CLUB DRIVE #15
 NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)