2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758540

FILED Apr 28, 2004 Secretary of State

Entity Name: MARINA VILLAS AT BLUEWATER BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4400 HWY 20E SUITE 313 4400 HWY 20 E SUITE 313 SUITE 313

NICEVILLE, FL 32578 US

LANDSBERGER, DARLANE

4400 HWY 20 E

Current Mailing Address: New Mailing Address:

PO BOX 5263

NICEVILLE, FL 32578 US

FEI Number: 58-1485786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LANDSBERGER, DARLANE 4400 HWY 20 E 313

NICEVILLE, FL 32578 US SUITE 313
NICEVILLE, FL 32578 US

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: 04/28/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V/D () Delete Title: VD (X) Change () Addition Name: WERNER, THOMAS Name: WERNER, THOMAS

Address: 1027 W CHOCTAWHATCHEE Address: 1027 W CHOCTAWHATCHEE
City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578

Title: P/D () Delete Title: PD (X) Change () Addition

 Name:
 MELNICK, NORBERT
 Name:
 MELNICK, NORBERT

 Address:
 708 SUNNINGDALE COVE
 Address:
 708 SUNNINGDALE COVE

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 NICEVILLE, FL 32578

 Name:
 WHITE, ANGIE
 Name:
 CHERUP, MICHAEL

 Address:
 300 YACHT CLUB DRIVE #2
 Address:
 110 ST MARY AVENUE SW

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 FORT WALTON BEACH, FL 32549

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 LANDBERGER, DARLANE
 Name:
 LANDBERGER, DARLANE

 Address:
 4400 HYW 20 E. SUITE 313
 Address:
 4400 HYW 20 E SUITE 313

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORBERT MELNICK PD 04/28/2004