

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90039 009 ****61.25

DOCUMENT # 758540 1. Entity Name MARINA VILLAS AT BLUEWATER BAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4400 HWY 20-E 4412 Windlake Dr SUITE 313 NICEVILLE, FL 32578-05		Mailing Address PO BOX 5263 NICEVILLE, FL 32578-05 P.O. Box 292 Niceville, FL 32588	
2. Principal Place of Business - No P.O. Box # 4412 Windlake Drive Suite, Apt. #, etc.		3. Mailing Address P.O. Box 292 Suite, Apt. #, etc.	
City & State Niceville, Florida		City & State Niceville, Florida	
Zip 32588		Country OKALOOSA	
6. Name and Address of Current Registered Agent LANDSBERGER, DARLANE 4400 HWY 20-E SUITE 313 NICEVILLE, FL 32578		7. Name and Address of New Registered Agent Name SANDY MASSING Street Address (P.O. Box Number is Not Acceptable) 4412 Windlake Drive City Niceville FL Zip Code 32588	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>		SANDY MASSING <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHERUP, MICHAEL 110 ST MARY AVENUE SW FT WALTON BEACH, FL 32549	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD IANNUZZI, BRIGID 46 ST THOMAS COVE MIRAMAR BEACH, BL 32550	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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01202008 Chg-NP CR2E037 (12/06)	
4. FEI Number 58-1485786	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **SANDY MASSING** **1-20-2008** **850-586-5003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #