2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 25, 2003 8:00 am § Secretary of State DOCUMENT # **758540** 04-25-2003 90186 042 ****61.25 1. Entity Name MARINA VILLAS AT BLUEWATER BAY CONDOMINIUM ASSOC IATION, INC. Principal Place of Business Mailing Address 11014257 4400 HWY 20E SUITE 313 PO BOX 5263 NICEVILLE FL 32578 NICEVILLE FL 32578 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ★ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 58-1485786 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANDSBERGER, DARLANE Street Address (P.O. Box Number is Not Acceptable) 4400 HWY 20 E 313 NICEVILLE FL 32578 City 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. I am familiar with, and accept the obligations of r aistered agent 47-03 DARLANE LANDSBERGER SIGNATURE ent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. V/D STD ★ Addition TITLE ☐ Delete TITLE NAME WERNER, THOMAS NAME WHITE, ANGIE 300 YACHT CLUB DRIVE #2 STREET ADDRESS M027 W CHOCTAWHATCHEE STREET ADDRESS NICEVILLE FL 32578 CITY-ST-ZIP NICEVILLE FL 32578 CITY-ST-7IP Delete ☐ Change 🔀 Addition TITLE LANDSBERGER, DARLANE 4400 HYW 20 E SUITE 313 MELNICK, NORBERT NAME STREET ADDRESS 708 SUNNINGDALE COVE STREET ADDRESS NICEVILLE-FL-32578 -CITY-ST-ZIP CITY-ST-ZIP NICEVILLE FL 32578 X Delete TITLE ☐ Change ☐ Addition NAME CARNAZZA, VINCE NAME **408 DICKMAN RD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. SAN HOUSTON TX 78234 CITY-ST-ZIP ☐ Addition TITLE Oelete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

□ Change

Addition

FILED