FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763552 (7)

1. Corporation Name

BLACKWATER BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6674 BLACKWATER CIRCLE MILTON FL 32583	6675 BLACKWATER CIR. MILTON FL 32583 US

2. Principal Place of Business 21	2a. Mailing Address 26 6675 Blackwater Cir.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Milton, FL
Zip / Country 24 / 25	Zip / Country 29 32583 / 30 Santa Rosa

3. Date Incorporated or Qualified: 06/02/1982

3a. Date of Last Report: 02/10/1995

4. FEI Number: 59-2393683 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FOWLER, CLINTON
6674 BLACKWATER CIRCLE
MILTON FL 32583

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	☐ DELETE
NAME	MOSER, JOHN	
STREET ADDRESS	891 WOODBINE DR	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	P	☐ DELETE
NAME	FOWLER, CLINT	
STREET ADDRESS	6674 BLACKWATER CIRCLE	
CITY-ST-ZIP	MILTON FL	
TITLE	VD	☐ DELETE
NAME	LOTT, WILLIAM	
STREET ADDRESS	10 USHER	
CITY-ST-ZIP	PENSACOLA, FL 00000	
TITLE	D	☐ DELETE
NAME	NORTH, MARION	
STREET ADDRESS	RT. 3	
CITY-ST-ZIP	JAY FL	
TITLE	ST	☐ DELETE
NAME	SANDERS, JUNE	
STREET ADDRESS	6675 BLACKWATER CIRCLE	
CITY-ST-ZIP	MILTON FL	
TITLE	D	☐ DELETE
NAME	GRIMES, ALTON T	
STREET ADDRESS	RT 2 BOX 422	
CITY-ST-ZIP	CANTONMENT, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: June Sanders, Secretary 4/12/96 (904) 626-2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #