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Mar 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 6675 BLACKWATER CIR.
MILTON FL 32583 MILTON FL 32583-3302
US

3. Date incorporated or Qualified 06/02/1982 3a. Date of Last Report 04/19/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 6675 Blackwater Cir
22 City & State 27 Milton, FL
23 Zip 28 32583 30 Santa Rosa
24 Country 25 Country 29 FL 31 Zip Code
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
FOWLER, CLINTON
6674 BLACKWATER CIRCLE
MILTON FL 32583
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD MOSE, JOHN 891 WOODBINE DR PENSACOLA, FL 00000	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P FOWLER, CLINT 6674 BLACKWATER CIRCLE MILTON FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD LOTT, WILLIAM 10 USHER PENSACOLA, FL 00000	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D NORTH, MARION RT. 3 JAY FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	ST SANDERS, JUNE 6675 BLACKWATER CIRCLE MILTON FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D GRIMES, ALTON T RT 2 BOX 422 CANTONMENT, FL 00000	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: [Signature] 3/5/97 904-626-2719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0074757

CR2E037 (9/96)