

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763552** (7)
1. Corporation Name
BLACKWATER BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business 6674 BLACKWATER CIRCLE MILTON FL 32583	Mailing Address 6675 BLACKWATER CIR MILTON FL 32583 US
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3. Date Incorporated or Qualified 06/02/1982	4. FEI Number 59-2393683	Applied For ☐ Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent FOWLER, CLINTON 6674 BLACKWATER CIRCLE MILTON FL 32583
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	ST JAMES I KENNEDY
1.3 STREET ADDRESS	6648 BLACKWATER CIR.
1.4 CITY-ST-ZIP	MILTON FL 32583
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: **JAMES I KENNEDY** *James I Kennedy* 2-7-98 850-623-0505

CP2E037 (10/97)