FILE NOW: FILING FEE IS $61.25

FILED
Jan 21, 1999 8:00am
Secretary of State
01-21-1999 90023 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **763552**

1. Corporation Name

BLACKWATER BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6674 BLACKWATER CIRCLE MILTON FL 32583	6648 BLACKWATER CIR MILTON FL 32583 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/02/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2393683 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOSER, JOHN		1.2 NAME		
STREET ADDRESS	891 WOODBINE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FOWLER, CLINT		2.2 NAME		
STREET ADDRESS	6674 BLACKWATER CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LOTT, WILLIAM		3.2 NAME		
STREET ADDRESS	10 USHER		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NORTH, MARION		4.2 NAME		
STREET ADDRESS	RT. 3		4.3 STREET ADDRESS		
CITY-ST-ZIP	JAY FL		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JAMES I KENNEDY		5.2 NAME		
STREET ADDRESS	6648 BLACKWATER CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32583		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRIMES, ALTON T		6.2 NAME		
STREET ADDRESS	RT 2 BOX 422		6.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT, FL 00000		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: James T. Kennedy SIGNATURE REQUIRED 1-6-99 850-623-0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES T. KENNEDY