

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763552

1. Entity Name

BLACKWATER BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

6674 BLACKWATER CIRCLE
MILTON FL 32583

Mailing Address

6648 BLACKWATER CIR
MILTON FL 32583
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2393683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOWLER, CLINTON
6648 BLACK WATER
MILTON FL 32583

7. Name and Address of New Registered Agent

Name

KENNEDY JAMES I

Street Address (P.O. Box Number is Not Acceptable)

6648 BLACKWATER CIR

City

MILTON

FL

Zip Code

32583

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.

SIGNATURE

JAMES I KENNEDY ST

James I. Kennedy

1-18-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE VD
NAME MOSER, JOHN
STREET ADDRESS 891 WOODBINE DR
CITY-ST-ZIP PENSACOLA, FL 00000

TITLE P
NAME SHIVER, RANDAL
STREET ADDRESS 6675 BLACKWATER CIR
CITY-ST-ZIP MILTON FL 32583

TITLE VD
NAME LOTT, WILLIAM
STREET ADDRESS 10 USHER
CITY-ST-ZIP PENSACOLA, FL 00000

TITLE D
NAME NORTH, MARION
STREET ADDRESS RT. 3
CITY-ST-ZIP JAY FL

TITLE ST
NAME JAMES I KENNEDY
STREET ADDRESS 6648 BLACKWATER CIR
CITY-ST-ZIP MILTON FL 32583

TITLE D
NAME GRIMES, ALTON T
STREET ADDRESS RT 2 BOX 422
CITY-ST-ZIP CANTONMENT, FL 00000

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

JAMES I KENNEDY

1-18-02

850-6230505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)