2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 763552

1. Entity Name
BLACKWATER BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6675 BLACKWATER CIRCLE MILTON, FL 32583	6675 BLACKWATER CIRCLE MILTON, FL 32583 US

01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

SHIVER, RANDAL
6675 BLACKWATER CIR
MILTON, FL 32583

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

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

U00000006875
01/16/04-80054-022 61.25

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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: X Randall N. Shiver 1/9/2004 850 626 9833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #