


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 763552 1. Entity Name BLACKWATER BAY COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business 6675 BLACKWATER CIRCLE MILTON, FL 32583	Mailing Address 6675 BLACKWATER CIRCLE MILTON, FL 32583 US
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DO NOT WRITE IN THIS SPACE



08152005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2393683	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SHIVER, RANDAL
6675 BLACKWATER CIR
MILTON, FL 32583**

**DO NOT WRITE
IN THIS SPACE**

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 **RANDAL SHIVER** (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIVER, RANDAL 6675 BLACKWATER CIR MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOTT, WILLIAM 10 USHER PENSACOLA, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTH, MARION RT. 3 JAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, ALTON T RT 2 BOX 422 CANTONMENT, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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10/17/05-80002-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Randal Shiver** **8/15/2005 850 623-4698**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #