
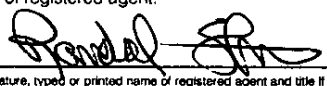
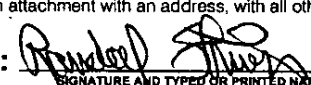


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 763552 1. Entity Name BLACKWATER BAY COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 6675 BLACKWATER CIRCLE MILTON, FL 32583		Mailing Address 6675 BLACKWATER CIRCLE MILTON, FL 32583 US	
2. Principal Place of Business - No P.O. Box # 3200 KEATING ROAD Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 10224 Suite, Apt. #, etc.	
City & State PENSACOLA, FL		City & State PENSACOLA, FL	
Zip 32504	Country ESCAMBIA	Zip 32524	Country ESCAMBIA
6. Name and Address of Current Registered Agent SHIVER, RANDAL 6675 BLACKWATER CIR MILTON, FL 32583		7. Name and Address of New Registered Agent Name RANDAL SHIVER Street Address (P.O. Box Number is Not Acceptable) 3200 KEATING ROAD City PENSACOLA FL Zip Code 32504	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 2/21/2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIVER, RANDAL 6675 BLACKWATER CIR MILTON, FL 32583	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOTT, WILLIAM 10 USHER PENSACOLA, FL 00000,	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTH, MARION RT. 3 JAY, FL	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMES, ALTON T RT 2 BOX 422 CANTONMENT, FL 00000,	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RANDAL SHIVER 3200 KEATING ROAD PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT MARION NORTH 6179 CHESTNUT ROAD MOLINO, FL 32577	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ALTON GRIMES 6814 SUNSHINE HILL MOLINO, FL 32577	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVID W. DENNIS 1753 GRUNDY STREET PENSACOLA, FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 02/21/2007 Daytime Phone # 850 478 9945	

FILED

07 FEB 28 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02/22/2007 REINSTATEMENT 06-07

4. FEI Number
59-2393683
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

300091016083
03/06/07--01026--027 **131.25