

FILED  
Apr 10, 2003 8:00 am  
Secretary of State

04-10-2003 90113 002 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 763552**

1. Entity Name  
**BLACKWATER BAY COMMUNITY ASSOCIATION,  
INC.**

Principal Place of Business  
**6675 BLACKWATER CIRCLE  
MILTON, FL 32583**

Mailing Address  
**6648 BLACKWATER CIR  
MILTON, FL 32583 US**

70036549



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address  
**6675 BLACKWATER CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**MILTON, FL**

4. FEI Number

**59-2393683**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32583**

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENNEDY, JAMES I  
6648 BLACKWATER CIRCLE  
MILTON, FL 32583**

Name  
**RANDAL SHIVER**

Street Address (P.O. Box Number is Not Acceptable)  
**6675 BLACKWATER CIRCLE**

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

SIGNATURE

**RANDAL SHIVER, PRESIDENT**

**03/20/2003**

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

(NOTE: Registered Agent Signature Required when changing)

DATE

FILE NOW: FEES \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

**10. OFFICERS AND DIRECTORS**

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | VD                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>MOSER, JOHN</b>          |                                            |
| STREET ADDRESS | <b>691 WOODBINE DR</b>      |                                            |
| CITY-STATE-ZIP | <b>PENSACOLA, FL 00000</b>  |                                            |
| TITLE          | P                           | <input type="checkbox"/> Delete            |
| NAME           | <b>SHIVER, RANDAL</b>       |                                            |
| STREET ADDRESS | <b>6675 BLACKWATER CIR</b>  |                                            |
| CITY-STATE-ZIP | <b>MILTON, FL 32583</b>     |                                            |
| TITLE          | VD                          | <input type="checkbox"/> Delete            |
| NAME           | <b>LOTT, WILLIAM</b>        |                                            |
| STREET ADDRESS | <b>10 USHER</b>             |                                            |
| CITY-STATE-ZIP | <b>PENSACOLA, FL 00000</b>  |                                            |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | <b>NORTH, MARION</b>        |                                            |
| STREET ADDRESS | <b>RT. 3</b>                |                                            |
| CITY-STATE-ZIP | <b>JAY, FL</b>              |                                            |
| TITLE          | ST                          | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>JAMES I KENNEDY</b>      |                                            |
| STREET ADDRESS | <b>6648 BLACKWATER CIR</b>  |                                            |
| CITY-STATE-ZIP | <b>MILTON, FL 32583</b>     |                                            |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | <b>GRIMES, ALTON T</b>      |                                            |
| STREET ADDRESS | <b>RT 2 BOX 422</b>         |                                            |
| CITY-STATE-ZIP | <b>CANTONMENT, FL 00000</b> |                                            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-STATE-ZIP |  |                                                                   |

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, PRESIDENT**

**03/20/2003**

**(850)626-9833**

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)



FLORIDA DEPARTMENT OF STATE

**Glenda E. Hood**

Secretary of State

March 26, 2003

**BLACKWATER BAY COMMUNITY ASSOCIATION, INC.  
6675 BLACKWATER CIRCLE  
MILTON, FL 32583 US**

Subject: **BLACKWATER BAY COMMUNITY ASSOCIATION, INC.**

Reference Number: 763552

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please sign and return your check submitted with the annual report/uniform business report.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs

ANNUAL REPORTS SECTION