

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 769865 (7)  
1. Corporation Name  
THE BLUFFS HOMEOWNERS' ASSOCIATION, INC.

FILED  
Sep 15 1997 8:00am  
Secretary of State



Principal Place of Business Mailing Address  
909 EAST CERVANTES STREET 909 EAST CERVANTES STREET  
PENSACOLA FL 32501 PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 1900 Scenic Hwy 26 1900 Scenic Hwy.  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 #1 27 #1  
City & State City & State  
23 Pensacola, FL 28 Pensacola, FL  
Zip Zip Country Country  
24 32503 25 USA 29 32503 30 USA

3. Date Incorporated or Qualified 08/16/1983 3a. Date of Last Report 03/13/1996  
4. FEI Number 59-1376026 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent  
LIBERIS, CHARLES S.  
909 EAST CERVANTES STREET  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent  
81 Name JAMES E. Boyd  
82 Street Address (P.O. Box Number is Not Acceptable) 1900 Scenic Hwy  
83 #1  
84 City Pensacola FL 85 Zip Code 32503

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE James E. Boyd

9-9-97

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

DATE

12. OFFICERS AND DIRECTORS  
TITLE D COOK, BYRON M. DELETE  
NAME COOK, BYRON M.  
STREET ADDRESS 909 E. CERVANTES ST.  
CITY-ST-ZIP PENSACOLA FL  
TITLE PD LIBERIS, CHARLES S. DELETE  
NAME LIBERIS, CHARLES S.  
STREET ADDRESS 909 E. CERVANTES ST.  
CITY-ST-ZIP PENSACOLA FL  
TITLE D EDWARDS, JOHN DELETE  
NAME EDWARDS, JOHN  
STREET ADDRESS 909 E. CERVANTES ST.  
CITY-ST-ZIP PENSACOLA FL  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE Change Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE PD Change Addition  
2.2 NAME James E. Boyd  
2.3 STREET ADDRESS 1900 Scenic Hwy. #1  
2.4 CITY-ST-ZIP Pensacola, FL. 32503  
3.1 TITLE Change Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE Change Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE Change Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE Change Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE REQUIRED

850 1121 2017

CR2E037 (4/97)