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FILED

May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H85458 (8)

1. Corporation Name  
BLUEWATER RACQUET & FITNESS CENTER, INC.

Principal Place of Business

4400 HWY. 20 EAST  
PO BOX 5129  
NICEVILLE FL 32578

Mailing Address

4400 HWY. 20 EAST  
PO BOX 5129  
NICEVILLE FL 32578-5129



3. Date Incorporated or Qualified 11/15/1985  
3a. Date of Last Report 08/13/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2620782

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HANCOCK, STEVEN W.  
4400 HIGHWAY 20 EAST  
SUITE 401  
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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	PD	<input type="checkbox"/> DELETE
NAME	HANCOCK, STEVEN W.	
STREET ADDRESS	4400 HWY 20 EAST #401	
CITY - ST - ZIP	NICEVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	POWELL, GILLIS E. JR.	
STREET ADDRESS	PO BOX 277, NA	
CITY - ST - ZIP	CRESTVIEW FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	POWELL, DIXIE DAN	
STREET ADDRESS	PO BOX 277, NA	
CITY - ST - ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEATHERS, JAMES C.	
STREET ADDRESS	421 MARTINIQUE	
CITY - ST - ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HANCOCK, BARBARA C.	
STREET ADDRESS	226 PARKWOOD CIRCLE	
CITY - ST - ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POWELL, GILLIS E. SR.	
STREET ADDRESS	P.O. BOX 277, NA	
CITY - ST - ZIP	CRESTVIEW FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)