

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90170 010 \*\*\*150.00

DOCUMENT # H85458

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1985

4. FEI Number

59-2620792

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 the current year Intangible  
Personal Property Tax.

☐

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
HANCOCK, STEVEN W.  
4400 HWY 20 EAST #401  
NICEVILLE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD  
POWELL, GILLIS E. JR.  
PO BOX 277, NA  
CRESTVIEW FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD  
POWELL, DIXIE DAN  
PO BOX 277, NA  
CRESTVIEW FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
WEATHERS, JAMES C.  
421 MARTINIQUE  
NICEVILLE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
HANCOCK, BARBARA C.  
226 PARKWOOD CIRCLE  
NICEVILLE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
POWELL, GILLIS E. SR.  
P.O. BOX 277, NA  
CRESTVIEW FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)