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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K36273

(6)

**BLUEWATER PARKS, INC.** 

**FILED** 

Feb 18 1997 8:00am

Secretary of State

Principal Place 2525 U.S. 27TH AVON PARK FL		Mailing Address 2525 U.S. 27TH SOUTH AVON PARK FL 33825		16910111 040 111110 01110 11911 10000 1 <del>111</del> 01011 01011 01011 01011 01011 10011	
				3. Date Incorporated or Qualified 10/04/1988	3a. Date of Last Report 03/18/1996
	Place of Business	2a. Mailing Address	-,- •,	4. FEI Number	Applied For
		26 1640 Chinook	i Irail	65-0113600	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		— · · · ·		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 27 City & State					
City & State  City & State  City & State  City & State  Maitla			Tonda	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24 33870			o U.S.A.		Yes 🔼 No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	istered Agent
BRO	WN, ANDREA A		81 Name		
1200 US 27TH NORTH				Address (P.O. Box Number is Not Acceptab	le)
SEB	RING FL 33870			Address (P.O. Box Number is Not Acceptable Chinook Trail	
			83		
			84 City	• 1	85 Zip Code
		<u></u>	Mai	tland	FL   3475/
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes of Florida, Such change was au	, the above-named thorized by the corr	corporation submits this statement for the poporation's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
agent. I a	am familiar with, and accept the oblig	gations of, Section 607,0505. Flori	da Statutes.		
SIGNATURE					
12.	Signature typed or printed name of registered ag	iont and title if applicable. (NOTE F	Angistered Agent signature	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TITLE	ADDITIONAL TO CITIE	Change Addition
NAME	ALLEN, JOHN W.		1.2 NAME		
STREET ADDRESS	2426 MAUMEE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OKEMOS MI		1.4 CITY - ST - ZIP		
TITLE	VSD	DELETE	2.1 TITLE		Change Addition
NAME	ALLEN, LINDA C.		2.2 NAME		
STREET ADDRESS	1200 U.S. 27TH NORTH		2.3 STREET ADDRESS	1640 Chinook Trail	
CITY-ST-ZIP	SEBRING FL		2. 4 CITY - \$T - 2IP	1640 Chinook Trail Maitland, FL 32751	
TITLE	TD	DELETE	3.1 TITLE		Change Addition
NAME	Brown, andrea A.		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	1640 Chinook Trail	
CITY - ST - ZIP	SEBRING FL		3.4. CITY - ST - ZIP	Maitland, FL 32751	
TITLE		DELETE	4.1 THLE	•	Change Addition
NAME			4. 2 NAMÉ		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C TY-ST-ZIP		T poets	54 CITY-ST-ZIP		Charge Addition
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C TY - ST - ZIP			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 conforation 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 in changed, or on an attack flert with an address.

1-30-97

407/599-0059