

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002901

FILED
Apr 23, 2009
Secretary of State

Entity Name: LAKESIDE AT BLUEWATER BAY CONDOMINIUMS, PHASE 4 OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

905 LAUDERHILL LANE
FT WALTON BEACH, FL 32547 US

New Principal Place of Business:

400 WESTLAKE COURT
NICEVILLE,, FL 32578 US

Current Mailing Address:

905 LAUDERHILL LANE
FT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 59-3643001 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BRANNON, CHRIS
905 LAUDERHILL LANE
FT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JORDAN, GUY
Address: 401 WESTLAKE COURT
City-St-Zip: NICEVILLE, FL 32578 US

Title: VD () Delete
Name: WEE, DAVE
Address: 6511 ENCLAVE DR
City-St-Zip: CLARKSTON, MI 48348 US

Title: SD () Delete
Name: WOSAK, VIRGINIA
Address: 408 WESTLAKE COURT
City-St-Zip: NICEVILLE, FL 32578 US

Title: TD () Delete
Name: EDMONDS, BARBARA
Address: 409 WESTLAKE COURT
City-St-Zip: NICEVILLE, FL 32578 US

Title: D () Delete
Name: RECHER, JOHN
Address: 4400 HIGHWAY 20 E SUITE 109
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOLT, CARL
Address: 409 WESTLAKE COURT
City-St-Zip: NICEVILLE, FL 32578 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL HOLT

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date