

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2007
Secretary of State**

DOCUMENT# N00000006880

Entity Name: BLUE MOUNTAIN BEACH COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 1042
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

66 SAND DUNES ROAD
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

P O BOX 1042
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3721266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLKES, RICHARD
66 SAND DUNES ROAD
SANTA ROSA BEACH, FL 32459 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: FOWLKES, RICHARD
Address: 66 SAND DUNES ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VD (X) Delete
Name: CARLISLE, WAYNE
Address: 1465 W. COUNTY HWY 30-A
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TD () Delete
Name: MUELLER, DAN
Address: 96 SAND DUNES ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: SD (X) Delete
Name: CORK, ELIZABETH
Address: 506 BLUE MOUNTAIN ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: RICHARD FOWLKES

PD

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date