

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001346

FILED  
Apr 26, 2005  
Secretary of State

**Entity Name:** BLUE MOUNTAIN BEACH MASTER OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2714 W. CO. RD  
30 A  
SANTA ROSA BEACH, FL 32459 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1566  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32459 US

**FEI Number:** 59-3644139

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRENKEL, ANDY  
2714 W. CO. RD.  
30 A  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

GORMELY, TERRY P  
215 GRAND BLVD  
SUITE 200  
MIRAMAR BEACH, FL 32550 US

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: TERRY P GORMLEY

04/26/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BALART, HARRIETT  
Address: 191 RIDGEWOOD DR  
City-St-Zip: METAIRIE, LA 70005

Title: DVT ( ) Delete  
Name: KRENKEL, ANDY  
Address: PO BOX 1566  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DS ( ) Delete  
Name: MACLIN, HENRY W III  
Address: PO BOX 1566  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DP ( ) Delete  
Name: BLACK, DAVID  
Address: P.O. BOX 1566  
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 Section 119.07(3)(i), 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: HARRIETT BALART

S

04/26/2005

Electronic Signature of Signing Officer or Director

Date