

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000653

FILED  
Feb 21, 2007  
Secretary of State

**Entity Name:** GOLF VILLA CONDOMINIUMS AT BLUEWATER BAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1940 BLUEWATER BLVD. STE 11  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

1940 BLUEWATER BLVD. STE 11  
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number:** 59-3098702

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRIMM, BARBARA  
1217 CHANTILLY CIR  
NICEVILLE, FL 32578 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: DP ( ) Delete  
Name: TRIMM, DAVID  
Address: 1217 CHANTILLY CIR  
City-St-Zip: NICEVILLE, FL 32578

Title: DV ( ) Delete  
Name: PARRISH, JUDY S  
Address: 1410 PALM BLVD S  
City-St-Zip: NICEVILLE, FL 32578

Title: DS ( ) Delete  
Name: HALEY, ANNA M  
Address: 106 LINDA CT  
City-St-Zip: NICEVILLE, FL 32578

Title: T ( ) Delete  
Name: COLEY, CHARLENE  
Address: 105 2ND ST  
City-St-Zip: NICEVILLE, FL 32578

**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: CHARLENE COLEY

T

02/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date