

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005877

FILED  
May 02, 2007  
Secretary of State

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

**Current Principal Place of Business:**

909 MAR WALT DR STE 1014  
FT WALTON BCH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

909 MAR WALT DR STE 1014  
FT WALTON BCH, FL 32547

**New Mailing Address:**

**FEI Number:** 01-0787269      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MCINNIS, C. JEFFREY  
909 MAR WALT DR STE 1014  
FT WALTON BCH, 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: D      ( ) Delete  
Name: MCCORMICK, SCOTT  
Address: 320 KILLARNEY RD  
City-St-Zip: NICEVILLE, FL 32578

Title: D      ( ) Delete  
Name: WEST, CHARLES  
Address: 30 COUNTRY CLUB RD  
City-St-Zip: SHALIMAR, FL 32579

Title: D      ( ) Delete  
Name: RIGGS, BARRY F M.D.  
Address: 4724 SERENDIPITY POINTE  
City-St-Zip: DESTIN, FL 32541

**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:

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: SCOTT MCCORMICK

D

05/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date