

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002076

FILED
Jan 06, 2009
Secretary of State

Entity Name: COURTYARD PLAZA AT BLUEWATER BAY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4566 HIGHWAY 20 EAST
#205
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

4566 HIGHWAY 20 EAST
#205
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 83-0391692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMBERT, KAREN
4566 HIGHWAY 20 EAST
#205
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

BENHAMRON, KAREN H
4566 HIGHWAY 20 EAST
#205
NICEVILLE, FL 32578 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: KAREN HENARD BENHAMRON

01/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUMBERT, KAREN
Address: 4566 HIGHWAY 20 EAST #205
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: BEALS, SCOTT
Address: 4566 HIGHWAY 20 EAST #205
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: ROBINETTE, STEVE
Address: 4566 HWY 20 E.#108
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BENHAMRON, KAREN H
Address: 4566 HIGHWAY 20 EAST #205
City-St-Zip: NICEVILLE, FL 32578

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: KAREN HENARD BENHAMRON

D

01/06/2009

Electronic Signature of Signing Officer or Director

Date