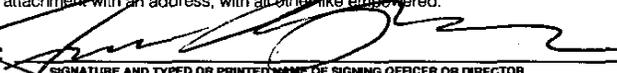


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90317 024 ****61.25

DOCUMENT # N03000004428					
1. Entity Name THE BLUE MOUNTAIN BEACH COTTAGE ASSOCIATION INC.					
Principal Place of Business 164 BLUE LUPINE WAY SUITE 400 SANTA ROSA BEACH, FL 32459			Mailing Address 164 BLUE LUPINE WAY SUITE 400 SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business 2714 W CORD 30A Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State SANTA ROSA BEACH, FL		City & State		4. FEI Number 04152004 Chg-NP CR2E037 (10/03)	
Zip 32459	Country USA	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLACK, DAVID C 164 BLUE LUPINE WAY SUITE 400 2714 W. CORD 30A SANTA ROSA BEACH, FL 32459			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	BLACK, DAVID C <input type="checkbox"/> Delete		TITLE D	MACLIN, HENRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BLACK, DAVID C		NAME	MACLIN, HENRY	
STREET ADDRESS	164 BLUE LUPINE WAY SUITE 400 2714 W. CORD 30A		STREET ADDRESS	2714 W. CORD 30A	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP	SANTA ROSA BEACH, 32459	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			April 15/04 850-622-9156		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		