## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N04000001887

177 HIBICUS ST

SIMON, MARLIN

TAVERNIER, FL 33070

243 HIBISCUS STREET

TAVERNIER, FL 33070

( ) Delete

() Delete

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

City-St-Zip:

Entity Name: BLUE WATER SURRENDER INC.

FILED Dec 22, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
161 GEOR TAVERNIE	GIA AVE. :R, FL 33070		
Current Mailing Address:		New Mailing Address:	
P.O. BOX 4 TAVERNIE	439 R, FL 33070		
FEI Number: 20-1281542 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:		Name and	Address of New Registered Agent:
GORDON, 161 GEOR TAVERNIE			
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: GAIL GORDON			
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete GORDON, WILLIAM G 1 HARBOR SHORES RD. KEY LARGO, FL 33037	Title: Name: Address: City-St-Zip:	O (X) Change ( ) Addition GORDON, WILLIAM G 1 HARBOR SHORES RD. KEY LARGO, FL 33037
Title: Name: Address: City-St-Zip:	STD () Delete GORDON, THEODORE P.O. BOX 439 TAVERNIER, FL 33070	Title: Name: Address: City-St-Zip:	STO (X) Change ( ) Addition GORDON, THEODORE P.O. BOX 439 TAVERNIER, FL 33070
Title: Name: Address: City-St-Zip:	STD () Delete NEALEY, MICHAEL 255 UPPER MATECUMBE KEY LARGO, FL 33037	Title: Name: Address: City-St-Zip:	O (X) Change ( ) Addition NEALEY, MICHAEL 255 UPPER MATECUMBE KEY LARGO, FL 33037
Title: Name:	D () Delete JIMEMEZ, ROBERTO	Title: Name:	O (X) Change ( ) Addition JIMEMEZ, ROBERTO

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.

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

177 HIBICUS ST

SIMON, MARLIN

GORDON, GAIL M

P O 439

TAVERNIER, FL 33070

243 HIBISCUS STREET

TAVERNIER, FL 33070

TAVERNIER, FL 33070

(X) Change ( ) Addition

( ) Change (X) Addition

SIGNATURE: GAIL GORDON D 12/22/2009