
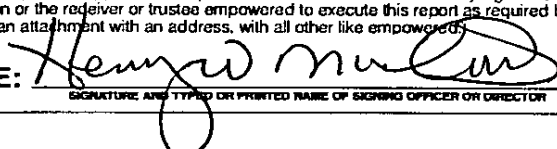


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

61.25

DOCUMENT # N04000002147 1. Entity Name THE COTTAGES AT BLUE MOUNTAIN BEACH OWNERS' ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 1566 SANTA ROSA BEACH, FL 32459			Mailing Address P.O. BOX 1566 SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCGILL, ROBERT E III 36008 EMERALD COAST PARKWAY SUTIE 301 DESTIN, FL 32541				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
Filing Fee is \$61.25 Due by September 7, 2005		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	<input type="checkbox"/> Delete P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Mackin, Henry W III		NAME		
STREET ADDRESS	P.O. Box 1566		STREET ADDRESS		
CITY-ST-ZIP	Santa Rosa Beach, FL 32459		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete MGRM		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	William Krunkley & Mackin Properties, LLC		NAME		
STREET ADDRESS	2714 CR 30A		STREET ADDRESS		
CITY-ST-ZIP	Santa Rosa Beach, FL 32459		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: 			5-3-05 8506229156		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

FILED

05 MAY -5 AM 9: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05022005 Chg-NP CR2E037 (10/03)

4. FEI Number ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL

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06/09/05--01065--002 **3222.50

Handwritten initials