ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
95 MAY -1 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04377 (0)

1. Corporation Name
BLUE TIDE CONDOMINIUM OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
92 EGLIN PKWY. P.O. DRAWER 2167 FT.WALTON BCH. FL 32549	92 EGLIN PKWY. P.O. DRAWER 2167 FT.WALTON BCH. FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1994
3a. Date of Last Report: 03/11/1994
4. FEI Number: 62-1266608 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

POWELL, RICHARD H.
92 EGLIN PKWY.
FT.WALTON BCH. FL 32548

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FUTTERER, KLAUS	1.2 NAME	
STREET ADDRESS	PANORAMASTRASSEE 43	1.3 STREET ADDRESS	
CITY-ST-ZIP	7302 OSTFILDERN 4 GE	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	SARANPA, MARCIA	2.2 NAME	
STREET ADDRESS	566 POCAHONTAS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	FUTTERER, HEIDE	3.2 NAME	
STREET ADDRESS	PANORAMASTRASSEE 43	3.3 STREET ADDRESS	
CITY-ST-ZIP	OSTFILDERN 4 GE	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	TIMBIE, SIDNEY	4.2 NAME	
STREET ADDRESS	120 PINETREE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	JOHNS, GARY M	5.2 NAME	
STREET ADDRESS	786 OLD PAPER MILL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	PRITCHARD, WESLEY	6.2 NAME	
STREET ADDRESS	3795 BOWMAN CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND TN	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marcia Saranpa S/T/D 4-28-95 904-243-7184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARCIA SARANPA