FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

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

3. Date Incorporated or Qualified: 07/26/1984
3a. Date of Last Report: 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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~~	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
~~NAME~~	~~TIMBIE, SIDNEY~~		4.2 NAME	PRITCHARD, PATRICIA	
~~STREET ADDRESS~~	~~120 PINETREE DRIVE~~		4.3 STREET ADDRESS	3782 Bowman Circle	
~~CITY-ST-ZIP~~	~~DOTHAN AL~~		4.4 CITY-ST-ZIP	Cleveland TN 37312	
~~TITLE~~	~~D~~	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
~~NAME~~	~~JOHNS, GARY M~~		5.2 NAME	TIMBIE, SID	
~~STREET ADDRESS~~	~~786 OLD PAPER MILL ROAD~~		5.3 STREET ADDRESS	120 Pinetree Drive	
~~CITY-ST-ZIP~~	~~MARIETTA GA~~		5.4 CITY-ST-ZIP	Dothan AL 36303	
~~TITLE~~	~~D~~	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
~~NAME~~	~~PRITCHARD, WESLEY~~		6.2 NAME	DEFENBAUGH, RICK	
~~STREET ADDRESS~~	~~3705 BOWMAN CIRCLE~~		6.3 STREET ADDRESS	4708 Chastant St.	
~~CITY-ST-ZIP~~	~~CLEVELAND TN~~		6.4 CITY-ST-ZIP	Metairie LA 70006	

CR2E037 (12/95)

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)(k), 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 MARCIA SARANPA Sec/Treas/Director 4/30/96 (904) 243-7184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #