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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32549-2167

3. Date Incorporated or Qualified: 07/26/1984
3a. Date of Last Report: 05/01/1996

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

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	10. Name and Address of New Registered Agent
POWELL, RICHARD H. 92 EGLIN PKWY. FT.WALTON BCH. FL 32548	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	PRITCHARD, PATRICIA		3.2 NAME		
STREET ADDRESS	3762 BOWMAN CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND TN		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TIMBIE, SID		5.2 NAME		
STREET ADDRESS	120 PINETREE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DOTHAN AL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DEFENBAUGH, RICK		6.2 NAME		
STREET ADDRESS	4708 CHASTANT ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 4/28/97