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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State
04-27-2001 90354 023 ****61.25

DOCUMENT # N04377

1. Entity 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

2. Principal Place of Business	3. Mailing Address
8281 E. County Hwy 30-A	P.O. Box 4938
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City Beach, FL.	City & State: Santa Rosa Beach. FL.
Zip: 32413 Country: USA.	Zip: 32413. Country: U.S.A.

4. FEI Number: 62-1266608 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POWELL, RICHARD H. 92 EGLIN PKWY. FT.WALTON BCH. FL 32548	Name: Emerald Waters Realty, Inc. Street Address (P.O. Box Number is Not Acceptable): 8281 E. County Hwy 30-A. City: Panama City Beach FL Zip Code: 32413.

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.

SIGNATURE: Marjie Shine President/Secretary (EWR) 4/16/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FUTTERER, KLAUS PANORAMASTRASSEE 43 7302 OSTFILDERN 4 GE	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Daborah E. Irby 549 Seacrest Dr. Panama City Beach, FL. 32413. D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SARANPA, MARCIA 566 POCAHONTAS DRIVE FT. WALTON BEACH FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P & Treasurer Samuel S. Childers 2009 E. Forest Dr. Tallahassee, FL D	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PRITCHARD, PATRICIA 3782 BOWMAN CIRCLE CLEVELAND TN	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Marjie J. Shine 2751 Tupelo St. Atlanta, GA, 30317. D	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TIMBIE, SIDNEY 120 PINETREE DRIVE DOTHAN AL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PETERS, DARLENE 5304 LANCELOT ROAD BRENTWOOD TN 37027	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Marjie J. Shine 4/22/01 (404) 370-1820
SIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #