


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90175 022 \*\*\*\*61.25

<b>DOCUMENT # N04377</b> 1. Entity Name <b>BLUE TIDE CONDOMINIUM OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>8394 E COUNTY HWY 30A PANAMA CITY BEACH, FL 32413</b>			Mailing Address <b>PO BOX 4938 SANTA ROSA BEACH, FL 32459-4938</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>62-1266608</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>EMERALD WATERS REALTY, INC. 8281 E COUNTRY HWY 30A PANAMA CITY BEACH, FL 32413</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, DEBORAH		NAME	Rebecca Brymer	
STREET ADDRESS	1060 AZALEA DRIVE		STREET ADDRESS	3179 Ferns Glenn Dr	
CITY-ST-ZIP	ROSWELL, GA 30075		CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDERS, SAMUEL S		NAME	Samuel S Childers	
STREET ADDRESS	2009 E FOREST DRIVE		STREET ADDRESS	2009 E Forest Drive	
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TD--	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, CAROL		NAME	Jenny Duffey	
STREET ADDRESS	2502 DOUBLE EAGLE CRT		STREET ADDRESS	P O Box 613010	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	Watersound FL30461	
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Yvonne Howell	
STREET ADDRESS			STREET ADDRESS	8004 Evening Star Lane	
CITY-ST-ZIP			CITY-ST-ZIP	Tallahassee FL 32312	
TITLE		<input type="checkbox"/> Delete	TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Madge A Pfaffman	
STREET ADDRESS			STREET ADDRESS	8281 Hwy 30-A	
CITY-ST-ZIP			CITY-ST-ZIP	Seacrest Beach FL 32413	
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.					
<b>SIGNATURE:</b> <u>Madge Pfaffman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/5/05 (850) 231-2410 <small>Date Daytime Phone #</small>		