2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04377

FILED May 08, 2006 Secretary of State

Entity Name: BLUE TIDE CONDOMINIUM OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

8394 E COUNTY HWY 30A PANAMA CITY BEACH, FL 32413

Current Mailing Address: New Mailing Address:

PO BOX 4938 POST OFFICE BOX 611502 SANTA ROSA BEACH, FL 324594938 ROSEMARY BEACH, FL 32461

FEI Number: 62-1266608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EMERALD WATERS REALTY, INC. BECKER, TAMMIE K MRS

8281 E COUNTRY HWY 30A 36132 EMERALD COAST PARKWAY

PANAMA CITY BEACH, FL 32413 US DESTIN, FL 32541 US

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: MRS. TAMMIE K. BECKER 05/08/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: SD () Delete Title: VD (X) Change () Addition

 Name:
 BRYMER, REBECCA
 Name:
 MOWREY, DAVE

 Address:
 3179 FERNS GLENN DR
 Address:
 840 20TH STREET #2

 City-St-Zip:
 TALLAHASSEE, FL 32308
 City-St-Zip:
 SANTA MONICA, CA 90403

Title: PD () Delete Title: D (X) Change () Addition Name: CHILDERS, SAMUEL S CHILDERS, SAMUEL S

Address: 2009 E FOREST DRIVE Address: 2009 E FOREST DRIVE City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303

 $\label{eq:title:pd} {\sf Title:} \qquad {\sf SD} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf PD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name: DUFFEY, JENNY Name: DUFFEY, JENNY

Address: P.O. BOX 613010 Address: 700 PARK REGENCY PLACE #1901

City-St-Zip: WATERSOUND, FL 30461 City-St-Zip: ATLANTA, GA 30326

 $\label{eq:title: VD () Delete Title: SD (X) Change () Addition} \end{minipage}$

 Name:
 HOWELL, YVONNE
 Name:
 HOWELL, YVONNE

 Address:
 8004 EVENING STAR LANE
 Address:
 8004 EVENING STAR LANE

 City-St-Zip:
 TALLAHASSEE, FL 32312
 City-St-Zip:
 TALLAHASSEE, FL 32312

 Name:
 PFAFFMAN, MADGE A
 Name:
 PELZEK, DENNIS

 Address:
 8281 HWY 30-A
 Address:
 2021 N RIVERWALK WAY

 City-St-Zip:
 SEACREST BCH, FL 32413
 City-St-Zip:
 MILWAUKEE, WI 53212

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNY DUFFEY PD 05/08/2006