


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90079 018 \*\*\*\*61.25

<b>DOCUMENT # N04377</b>					
<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> POST OFFICE BOX 611502 ROSEMARY BEACH, FL 32461		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 62-1266608	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BECKER, TAMMIE K MRS 36132 EMERALD COAST PARKWAY DESTIN, FL 32541			Name: <u>Zach Johnson</u> Street Address (P.O. Box Number is Not Acceptable): <u>36132 Emerald Coast Parkway</u> City: <u>Destin</u> FL Zip Code: <u>32541</u>		
<b>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.</b>					
SIGNATURE: <u>Zach Johnson, Manager</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <u>4/26/07</u>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VD <b>NAME</b> MOWREY, DAVE <b>STREET ADDRESS</b> 840 20TH STREET #2 <b>CITY-ST-ZIP</b> SANTA MONICA, CA 90403	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Feldhaus, William <b>STREET ADDRESS</b> 6070 Gaineswood Drive <b>CITY-ST-ZIP</b> Roswell, GA 30076	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CHILDERS, SAMUEL S <b>STREET ADDRESS</b> 2009 E FOREST DRIVE <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> DUFFEY, JENNY <b>STREET ADDRESS</b> 700 PARK REGENCY PLACE #1901 <b>CITY-ST-ZIP</b> ATLANTA, GA 30326	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> HOWELL, YVONNE <b>STREET ADDRESS</b> 8004 EVENING STAR LANE <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> PELZEK, DENNIS <b>STREET ADDRESS</b> 2021 N RIVERWALK WAY <b>CITY-ST-ZIP</b> MILWAUKEE, WI 53212	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>					
<b>SIGNATURE:</b> <u>Zach Johnson, Manager</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/26/07</u> Daytime Phone #: <u>850-231-2738</u>		