

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010815

FILED  
Apr 23, 2006  
Secretary of State

**Entity Name:** FRIENDS OF BLUEWATER BAY WOODLANDS PARK, INC.

**Current Principal Place of Business:**

BOX 5192  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

BOX 5192  
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

BUSH, ARNOLD  
1268 S. WHITEWOOD WAY  
NICEVILLE, FL 32578 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VALENTI, KAREN  
Address: 312 GREENWOOD WAY  
City-St-Zip: NICEVILLE, FL 32578

Title: VD ( ) Delete  
Name: BUSH, ARNOLD  
Address: 1268 S. WHITEWOOD WAY  
City-St-Zip: NICEVILLE, FL 32578

Title: SD ( ) Delete  
Name: BOSWELL, JAMES  
Address: 703 GREENWOOD LANE  
City-St-Zip: NICEVILLE, FL 32578

Title: TD ( ) Delete  
Name: DOHERTY, DOROTHY  
Address: 503 S. GREENWOOD CV  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES W. BOSWELL

SD

04/23/2006

Electronic Signature of Signing Officer or Director

Date