2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # N0600004887 1. Entity Name BLUE ANGEL CONDOMINIUM OWNERS' ASSOCIATION,								FILED		
INC.						2008	SEP -8 AM 9:	27		
Principal Plac 13650 GULF MADEIRA B	BLVD #30	Mailing Address 13650 GULF BLVD #303 MADEIRA BEACH FL 33708				SE	CRETARY OF STA	TE M		
2. Principal P	Place of Busin	3. Maiting Address				1 18811 811	24119 - B irit Berry Berry 22 111 - Berry Berry 5	CTAGE ININE INTE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				2nd MC	OORE CR2E037	7 (4/08)	
City & State			City & State				4. FEI Number 20-8560707 Applied For Not Applicable			
Zip		Country	Zip		Cou	intry	5. Certificate of St		\$8.75 Add Fee Require	
	6. Name	Registered A	Registered Agent		Name	7. Name and Address of New Registered Agent				
MOORHEAD, STEPHEN R 25 WEST GOVERNMENT STREET						Street Address (P.O. Box Number is Not Acceptable)				
PENSACOLA FL 32502										
						City		FL	Zip Cod	е
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.										
. nO										
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) DATE										
FILE NOW: FEE IS \$61.25 Due By September 3, 2008 9. Election Campaign F Trust Fund Contributi						~ —	\$5.00 May Be Added to Fees	Make Check Florida Depart		
10.		OFFICERS AND DIF	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AND DIF		
TITLE NAME STREET ADDRESS CITY - ST-ZIP	1	E, SHAY LF BLVD #303 BEACH FL 33708		☐ Oelete		4	03/10/08-	3563801 -008-06	□ Change 3 *500.00	☐ Addition
STREET ADDRESS	PARKER, DIERDRE J s 13650 GULF BLVD #303								Change Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1,0000 001, 01,000							Change	☐ Addition	
TITLE NAME STREET ADDRESS CATY-ST-ZIP				☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		l.			Change	☐ Addition
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 coath; 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 application, with information that my name appears in Block 10 or Block 11 if CAWATURE:										