

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006920

FILED  
Apr 15, 2008  
Secretary of State

**Entity Name:** BLUEWATER CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4590 HIGHWAY 20  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

4590 HIGHWAY 20  
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARK A. VIOLETTE, P.A.  
42 BUSINESS CENTRE DRIVE  
SUITE 311  
MIRAMAR, FL 32550 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: PTD ( ) Delete  
Name: HUFF, CHANDLER  
Address: 4590 HIGHWAY 20 EAST  
City-St-Zip: NICEVILLE, FL 32578

Title: VSD ( ) Delete  
Name: HUFF, BRANDON  
Address: 4590 HIGHWAY 20 EAST  
City-St-Zip: NICEVILLE, FL 32578

Title: D ( ) Delete  
Name: COSTA, DAVID  
Address: 4400 HIGHWAY 20 EAST #206  
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:

I hereby certify that the information supplied with this filing does not qualify 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: CHANDLER HUFF

P

04/15/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date