

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34625** (6)

1. Corporation Name
THE BLUFFS MARINA ASSOCIATION, INC.



Principal Place of Business: ~~XXXXXXXXXX~~ 1320 TIDAL POINTE BLVD. JUPITER FL 33477
Mailing Address: ~~XXXXXXXXXX~~ C/O Annee E. Azar 1320 TIDAL POINTE BLVD. JUPITER FL 33477

3. Date Incorporated or Qualified: **10/10/1989**
3a. Date of Last Report: **04/27/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2762677	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

AZAR, H. JAMES
1320 TIDAL POINTE BLVD.
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name: **ANNEE E. AZAR**
82 Street Address (P.O. Box Number is Not Acceptable): **5022 S.E. INKWOOD WAY**
83
84 City: **HOBE SOUND** FL 85 Zip Code: **33455**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Annee E. Azar* **ANNEE E. AZAR** DATE: **4-25-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZAR, H.J.	1.2 NAME	Wilfred T. Azar
STREET ADDRESS	1320 TIDAL POINTE BLVD	1.3 STREET ADDRESS	114 Azar Acres Lane
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	Queenstown, MD 21658
TITLE	SVD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice-President VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AZAR, SHARON E.	2.2 NAME	Mary Frances Azar
STREET ADDRESS	1320 TIDAL POINTE BLVD.	2.3 STREET ADDRESS	114 Azar Acres Lane
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	Queenstown, MD 21658
TITLE	SVD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary/Treasurer ST/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AZAR, SHARON E.	3.2 NAME	Annee E. Azar
STREET ADDRESS	1320 TIDAL POINTE BLVD.	3.3 STREET ADDRESS	5022 S. E. Inkwood Way
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	200001869062
STREET ADDRESS		5.3 STREET ADDRESS	-06/20/96--01026--004
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Annee E. Azar* **ANNEE E. AZAR** DATE: **4-25-96** DAYTIME PHONE: **407-627-6688**

CR2E037 (12/95)