## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 25 1997 8:00am

Secretary of State

561-627-6688

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE

N34625

(6)

THE BLUFFS MARINA ASSOCIATION, INC.

Principal Place of Business Mailing Address						
PHICIPAL FRACE	e of Business	Mailing Address				
C/O ANNEE E.		C/O ANNEE E. AZAR				
1320 Tidal Poi   Jupiter Fl 334		JUPITER FL 33477-9072	1320 TIDAL POINTE BLVD.			
OUTILE TE SO	,,,	SUFFICH TE SOUTH SUIZ				3. Date Incorporated or Qualified 10/10/1989 3a. Date of Last Report 05/01/1996
2. Principal Pl	lace of Business	2a. Malling Address	2a. Malling Address			4. FEI Number Applied For
21		26				59-2762677 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State		City & State	<b>⊢</b> ′			6. Election Campaign Financing \$5.00 May Be
23 Zin	Country	28	T	·	<del></del>	Trust Fund Contribution Added to Fees
Žip	Country	Zip	Cour	ntry		8. This corporation has liability for intengible tax under s. 199.032,
24	9. Name and Address of Curren	29 29 Agent	30		<del></del>	Florida Statutes
	5. Hallo alla Addices di Collei	r ughereren vilour		81 N	Name	10' ugus aug wodass ot laas valistetan vilatir
A TAD A	Mile f				Манте	
AZAR, AI			1	<b>82</b> S	Street Add	dress (P.O. Box Number is Not Acceptable)
	INKWOOD WAY		Ļ	83	<del> </del>	
HUBE O	OUND FL 33455		[	B-3		
			7	84 (	City	85 Zip Code
44 Purguant (	to the provisions of Sections 617.050	2 and 617 1508 Florida Statu	ton the sh		emad oar	reportion pulposite this statement for the outroop of sheeping the spiritual
office or re	egistered agent, or both, in the State	of Florida, Such change was	authorized	by th	iameu con ne corpora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
agentiai	m familiar with, and accept the obliga	ations of, Section 617.0503, H	iorida Statu 🤊	ites.		alalan
SIGNATURE	Signature, typed or printed page of registered age	TANABA S. YZAK int and title if applicable (NO	TE Dogistered	heant a	- and an early	urred when relinstating) DATE
12.	OFFICERS AND		13.	Agenta	IliQuatione redu	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 1110	LE		Change Addition
NAME	AZAR, WILFRED T	_	1.2 NA)		•	
STREET ADDRESS	114 AZAR ACRES LANE			reet ade	ingess	
CITY-ST-ZIP	QUEENSTOWN MD 21658		1	14-\$T-Z		
TOTLE	VPD	☐ DELETE	2.1 TITL		211	☐ Change ☐ Addition
NAME	AZAR, MARY F	<del></del>	2.2 NA			<del></del> -
STREET ADDRESS	114 AZAR ACERS LANE			reet adi	ORESS	
CITY-ST-ZIP	QUEENSTWON MD 21658			TY-ST-2		
TITLE	STD	DELETE		3.1 TITLE		☐ Change ☐ Addition
NAME	AZAR, ANNEE E		3.2 NA	3.2 NAME		
STREET ADDRESS	FACO OF INICHOOD WAY			REET ADI	DRESS	
CHY-ST-ZIP	HOBE SOUND FL 33455			TY-\$1-2		
TITLE		☐ DELETE	4.1 TITL			☐ Change ☐ Addition
NAME	i e		4. 2 NA	ME		
STREET ADDRESS			4.3 STA	REET ADI	DRESS	
€ITY-ST-ZIP				Y-ST-Z	i i	
TITLE		☐ DELETE	5.1 TITL			☐ Change ☐ Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 STA	REET ADO	ORESS	
CITY-ST-ZIP			5.4 CIT	Y-5T-Z	ZIP	
TITLE		DELETE	6.1 7171	LE		Change Addition
NAME			6.2 NAM	ME		
STREET ADDRESS			6.3 STP	REET ADO	DRESS	
CiTY - ST - ZiP			6.4 CIT	Y-ST-Z	žIP .	
14. I do hereb	by certify that the information supplied	with this filing does not qual	ify for the c	exemp	otion state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the
I am an of	flicer or director of the corporation or	the receiver or trustee empoy	wered to ex	ocuret xecute	te and tha a this repo	at my signature shall have the same legal effect as if made under oath; that ort 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.						