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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED
Jan 22 1998 8:00am
Secretary of State

DOCUMENT # N34625 (6)						
THE BLUFFS MARINA ASSOCIATION, INC.						
THE BEST O WINGING MOODS AND AND						
Principal Place of Business Mailing Address						
					···· - · · · · · · · · · · · · · ·	
C/O ANNEE E, AZAR C/O ANNEE E, AZAR 1320 TIDAL POINTE BLVD.				3. Date Incorporated or Qualified		
JUPITER FL 33477 JUPITER FL 33477				10/10/1989 4. FEI Number	Applied For	
				59-2762677	Not Applicable	
2. Principal F	Place of Business	2a. Mailing Address	<del></del>	5. Certificate of Status Desired	\$8.75 Additional	
21	· · · · · · · · · · · · · · · · · · ·	26			Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & Stat	e	City & State		7. Is this nonprofit corporation a homeowners		
23		28			] No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre		
24	9. Name and Address of Currer		<u>                                     </u>	Personal Property Tax due June 30.  10. Name and Address of New Registered A	Yes L No	
81 Name						
AZAR, A	NNEE E		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	- · · · · · · · · · · · · · · · · · · ·	
5022 SE INKWOOD WAY						
HOBE S	OUND FL 33455		83			
			84 City	FL.	85 Zip Code	
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. I am farmiar with, and accept the obligations of, Section \$17.0503, Florida Statutes						
agent. I am familiar with, and accept the obligations of, Section \$17.0503, Florida Statutes						
SIGNATURE	Signature, typed or printed name of section age	TOWER .	Registered Agent signature require	ed when reinstating) DATE	78	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
DILE	PD	DELETE	1.1 TITLE		Change Addition	
NAME	AZAR, WILFRED T		1.2 NAME		ĺ	
STREET ADDRESS	114 AZAR ACRES LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	QUEENSTOWN MD 21658	☐ DELETE	1.4 CITY-ST-ZIP	<del></del>	Change Addition	
TITLE NAME	VPD Azar, Mary F	T Dereie	2.1 TITLE 2.2 NAME	L	Citatige Audizoit	
STREET ADDRESS	114 AZAR ACERS LANE		2.3 STREET ADDRESS			
CITY-ST-ZIP	QUEENSTWON MD 21658		2. 4 CITY-ST-ZIP		Į	
TITLE	STD	DELETE	3.1 TITLE		Change Addition	
NAME	azar, an <b>ne</b> e e		3.2 NAME			
STREET ADDRESS	5022 S.E. INKWOOD WAY		3.3 STREET ADDRESS	·		
CITY-ST-ZIP	HOBE SOUND FL 33455	The ext	3.4. CITY-ST-ZIP	<u> </u>	Change   Addition	
TITLE		DELETE	4.1 TITLE	L	Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS			