

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90379 010 ****61.25

DOCUMENT # N34625

1. Entity Name

THE BLUFFS MARINA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~C/O ANNEE E. AZAR~~ COLLEEN BAKER
 1320 TIDAL POINTE BLVD.
 JUPITER FL 33477

~~C/O ANNEE E. AZAR~~ COLLEEN BAKER
 1320 TIDAL POINTE BLVD.
 JUPITER FL 33477-9072

2. Principal Place of Business

3. Mailing Address

1320 TIDAL POINTE BLVD

1320 TIDAL POINTE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

JUPITER

JUPITER

59-2762677

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

FL

USA

33460

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AZAR, ANNEE E
5022 SE INKWOOD WAY
HOBE SOUND FL 33455

Name **COLLEEN E. BAKER**

Street Address (P.O. Box Number is Not Acceptable)

705 S. PALM WAY

City **LAKE WORTH**

FL

Zip Code **33460**

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.

SIGNATURE

Colleen Baker

COLLEEN BAKER, VP, SECRETARY/TREAS.

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AZAR, WILFRED T	
STREET ADDRESS	114 AZAR ACRES LANE	
CITY-ST-ZIP	QUEENSTOWN MD 21658	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	AZAR, MARY F	
STREET ADDRESS	114 AZAR ACERS LANE	
CITY-ST-ZIP	QUEENSTWON MD 21658	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	AZAR, ANNEE E	
STREET ADDRESS	5022 S.E. INKWOOD WAY	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHER J. BAKER	
STREET ADDRESS	705 S. PALM WAY	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	VPD/VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLEEN E. BAKER	
STREET ADDRESS	705 S. PALM WAY	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLEEN E. BAKER	
STREET ADDRESS	705 S. PALM WAY	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD MILITANA / MARIE ALESSI TRUST	
STREET ADDRESS	9500 NATIONS ROAD	
CITY-ST-ZIP	WEBSTER, FL 33597	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Colleen Baker **COLLEEN BAKER**

Date

1.27.00

Daytime Phone #

561-627-1688

CR2E037 (9/99)