2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N48953

Entity Name: SUNSET BEACH HOMEOWNERS ASSOCIATION AT BLUEWATER BAY, INC.

Current Principal Place of Business:

77 SUNSET STRIP
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5111
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-3116764 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, RAYMOND F
348 MIRACLE STRIP PARKWAY SW, SUITE 7
FORT WALTON BEACH, FL 32548 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:	DP	( ) Delete
Name:	OCKUNZZI, THOMAS	
Address:	80 SUNSET BEACH PLACE	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	D	( ) Delete
Name:	MCCABE, JAMES	
Address:	4334 SUNSET BEACH CIRCLE	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	DT	( ) Delete
Name:	RAULERSON, LARRY	
Address:	4332 SUNSET BEACH CIRCLE	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	D	( ) Delete
Name:	GIBBONS, RUTH	
Address:	1383 SUNSET BEACH DRIVE	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	D	( ) Delete
Name:	DITIRRO, RAYMOND	
Address:	4325 SUNSET BEACH BLVD	
City-St-Zip:	NICEVILLE, FL 32578	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	MCCABE, JAMES	
Address:	4334 SUNSET BEACH CIRCLE	
City-St-Zip:	NICEVILLE, FL 32578	
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: THOMAS OCKUNZZI DP 02/23/2009

Electronic Signature of Signing Officer or Director — Date