## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90190 012 \*\*\*\*61.25

DOCUMENT # N9300003209  1. Entity Name GLENLAKE AT BLUEWATER BAY PROPERTY OWNERS ASSOCIATION, INC.									90190 01.	2 01	1.23
Principal Place of Business 1950 BLUEWATER BLVD. STE 200 NICEVILLE, FL 32578 US			1950 STE 2	Mailing Address 1950 BLUEWATER BLVD. STE 200 NICEVILLE, FL 32578 US				(8) 16) 16) 18) 18) 18) 18)	ice <b>ar</b> nii <b>eriea</b> (11	<b>I</b> AN <b>i</b> re <b>Th</b> il <b>i es</b>	RIIIE1 20 1221
2. Principal Place of Business			3. Mail	3. Mailing Address							
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				Chg-NP	CR2E03	7 (10/03)	
City & State			City & State			4. FEI Numbe 59-314			- ∔-	pplied For ot Applicable	
Zip Country			Zip Cou		intry	5. Certificate	5. Certificate of Status Desired S8.75 Additing Fee Required				
	6. Name	and Address of Curre	ent Registere	d Agent			7. Name and	Address of New F	Registered A	gent	
SEAGO, KEITH 1518 GLENLAKE CIR NICEVILLE, FL 32578					Name Street Address (P.O. Box Number is Not Acceptable)						
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	tions of registe				s registere	ed office or re	gistered agent, or bot	h, in the State of Flo	orida. I am fa	amiliar with,	and accept
		or printed hame of registered at	gent and title if app	slicable. (NOT	E: Registere	d Agent signature r	equired when reinstating)		DATE		
	_	is \$61.25 ay 1, 2005	gent and title if app	9. Election Cal Trust Fund	mpaign F	inancing	\$5.00 May B		DATE Nake check rida Depart		
10.	_	is \$61.25		9. Election Cal Trust Fund	mpaign F	inancing	\$5.00 May B Added to Fees ADDITIONS/CHA		lake check rida Depart	ment of S	tate
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of the record certify that the information statues. Turther certify that the information statues in section 119.07(3)(), Florida Statutes. Turther 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:

Carol K. Morres SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR