

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90209 033 ****61.25

DOCUMENT # N93000003209

1. Entity Name
**GLENLAKE AT BLUEWATER BAY PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**1950 BLUEWATER BLVD.
STE 200
NICEVILLE, FL 32578 US**

Mailing Address
**1950 BLUEWATER BLVD.
STE 200
NICEVILLE, FL 32578 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-3147721

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEAGO, KEITH
1518 GLENLAKE CIR
NICEVILLE, FL 32578**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PROCTOR, CORTEZ
1542 GLENLAKE CR
NICEVILLE, FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOGLAN, CURT
1517 GLENLAKE CR
NICEVILLE, FL 32578** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MORRIS, CAROL
1510 GLENLAKE CIR
NICEVILLE, FL 32578** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SEAGO, KEITH
1518 GLENLAKE CIR
NICEVILLE, FL 32578** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CROMWELL, BRIAN
1530 GLENLAKE CR
NICEVILLE, FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
STEIN, JOE
1540 Glenlake Cir
Niceville FL 32578** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SAVELLE, LINDY
1502 Glenlake Circle
Niceville FL 32578** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Hughes, Larry
1511 Glenlake Cir
Niceville FL 32578** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Joe Stein as Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06
Date

850 897 3614
Daytime Phone #