

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90020 036 ****61.25

DOCUMENT # N93000003209					
1. Entity Name GLENLAKE AT BLUEWATER BAY PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 1940 BLUEWATER BLVD. #11 NICEVILLE, FL 32578 US			Mailing Address 1940 BLUEWATER BLVD. #11 NICEVILLE, FL 32578 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3147721	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HALEY, ANN 106 LINDA CT 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: <u>CORTEZ A. PROCTOR</u> <u>CA Proctor</u> <u>21 MAR, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME PROCTOR, CORTEZ STREET ADDRESS 1542 GLENLAKE CR CITY-ST-ZIP NICEVILLE, FL 32578	<input type="checkbox"/> Delete		TITLE VP NAME VP STREET ADDRESS VP CITY-ST-ZIP VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME STEIN, JOE STREET ADDRESS 1540 GLENLAKE CIR CITY-ST-ZIP NICEVILLE, FL 32578	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME SAVELLE, LINDY STREET ADDRESS 1502 GLENLAKE CIRCLE CITY-ST-ZIP NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HUGHES, LARRY STREET ADDRESS 1511 GLENLAKE CIRCLE CITY-ST-ZIP NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete		TITLE D NAME JOE Testa STREET ADDRESS 1509 Glenlake Circle CITY-ST-ZIP Niceville, FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME KELLY, PAUL STREET ADDRESS 1508 GLENLAKE CR CITY-ST-ZIP NICEVILLE, FL 32578	<input checked="" type="checkbox"/> Delete		TITLE D NAME Lynn W. Hinklemore STREET ADDRESS 1501 Glenlake Circle CITY-ST-ZIP Niceville, FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>CA Proctor, CORTEZ PROCTOR, Director</u> <u>21 MAR 2008</u> <u>850-897-4909</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					