FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004830 (6)

1. Corporation Name

BLUE LAKE/BLUE CYPRESS HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ROUTE 2, BOX 886 PONCE DE LEON FL 32455	ROUTE 2, BOX 886 PONCE DE LEON FL 32455

3. Date Incorporated or Qualified: 10/20/1993
3a. Date of Last Report: 04/08/1994
4. FEI Number: 65-0440501 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BRUNER, SYLVIA L
ROUTE 2, BOX 886
PONCE DE LEON FL 32455

(new mail address only)

10. Name and Address of New Registered Agent

81 Name: Sylvia L. Bruner
82 Street Address (P.O. Box Number is Not Acceptable): 36 Blue Pond Circle
83
84 City: Ponce de Leon FL 85 Zip Code: 32455

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

same

SIGNATURE: Sylvia L Bruner - Sylvia L Bruner - Secretary 4-14-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BASS, IRA C	1.2 NAME	
STREET ADDRESS	204 VICKIE LEIGH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	LEONARD, FRANKIE D	2.2 NAME	
STREET ADDRESS	703 SWAN LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	BRUNER, SYLVIA L	3.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 886	3.3 STREET ADDRESS	36 Blue Pond Circle
CITY-ST-ZIP	PONCE DE LEON FL 32455	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	POSEY, DIANE E	4.2 NAME	
STREET ADDRESS	RT. 3, BOX 285A	4.3 STREET ADDRESS	165 Whippoorwill Place
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WILSON, ROGER	5.2 NAME	
STREET ADDRESS	RT. 2, BOX 886	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONCE DE LEON FL 32455	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane E. Posey (Diane E Posey - Treasurer) 4-13-95 (904) 859-2707
SIGNATURE AND TYPED OR PRINTED NAME OF ASSOCIATED OFFICER OR DIRECTOR — Date — Daytime Phone #

(888) 871