

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004830 (6)

1. Corporation Name

BLUE LAKE/BLUE CYPRESS HOMEOWNERS' ASSOCIATION,
INC.



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

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUNER, SYLVIA L
36 BLUE POND CIRCLE
PONCE DE LEON FL 32455

81

Name Diane Posey

82

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

165 Whippoorwill Place

83

84

City Defuniak Springs,

FL

85 Zip Code

32433

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 ☐ DELETE

NAME PD
BASS, IRA C
STREET ADDRESS 204 VICKIE LEIGH ROAD
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE ☐ DELETE

NAME VD
LEONARD, FRANKIE D
STREET ADDRESS 703 SWAN LANE
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ DELETE

NAME SD
BRUNER, SYLVIA L
STREET ADDRESS 36 BLUE POND CIRCLE
CITY-ST-ZIP PONCE DE LEON FL

TITLE ☐ DELETE

NAME TD
POSEY, DIANE E
STREET ADDRESS 165 WHIPPOORWILL PLACE
CITY-ST-ZIP DEFUNIACK SPRINGS FL

TITLE ☐ DELETE

NAME D
WILSON, ROGER
STREET ADDRESS RT. 2, BOX 886
CITY-ST-ZIP PONCE DE LEON FL 32455

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96

Date

(904) 859-2707

Daytime Phone #

CR2E037 (12/95)