

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 36 BLUE POND CIRCLE ROUTE 2, BOX 886 36 BLUE POND CIRCLE  
PONCE DE LEON FL 32455 PONCE DE LEON FL 32455-8401

3. Date Incorporated or Qualified 10/20/1993  
3a. Date of Last Report 03/15/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0440501		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent  
POSEY, DIANE  
165 WHIPPOORWILL PLACE  
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent  
81 Name BRUNER, SYLVIA L.  
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 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 Sylvia L. Bruner Sylvia S. Bruner 4/21/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	BASS, IRA C	
STREET ADDRESS	204 VICKIE LEIGH ROAD	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	LEONARD, FRANKIE D	
STREET ADDRESS	703 SWAN LANE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	BRUNER, SYLVIA L	
STREET ADDRESS	36 BLUE POND CIRCLE	
CITY-ST-ZIP	PONCE DE LEON FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	POSEY, DIANE E	
STREET ADDRESS	165 WHIPPOORWILL PLACE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	WILSON, ROGER	
STREET ADDRESS	RT. 2, BOX 886	
CITY-ST-ZIP	PONCE DE LEON FL 32455	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	SD	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	Roger Wilson VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Rt. 2 Box 884		
2.3 STREET ADDRESS	Ponce de Leon, FL 32455		
2.4 CITY-ST-ZIP			
3.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Scooters, Alto W.		
3.3 STREET ADDRESS	PO BOX 33255		
3.4 CITY-ST-ZIP	Pensacola, FL 32508-3255		
4.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Bruner, Sylvia L		
4.3 STREET ADDRESS	36 Blue Pond Circle		
4.4 CITY-ST-ZIP	Ponce de Leon, FL 32455		
5.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	ROBERTS, RONALD J		
5.3 STREET ADDRESS	1006 STEPHEN DR		
5.4 CITY-ST-ZIP	NICEVILLE, FL 32578		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)