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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N93000004830 (6)
1. Corporation Name
BLUE LAKE/BUE CYPRESS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
36 BLUE POND CIRCLE POUNCE DE LEON FL 32455 US
36 BLUE POND CIRCLE POUNCE DE LEON FL 32455 US

3. Date Incorporated or Qualified
10/20/1993
4. FEI Number
65-0440501
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 P.O. Box 33255 27 P.O. Box 33255
23 City & State Pensacola, FL 28 City & State Pensacola, FL
24 Zip 32508 25 Country US 29 Zip 32508 30 Country US

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. Is this nonprofit corporation a homeowners' association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BRUNNER, SYLVIA L
36 BLUE POND CIRCLE
PONCE DELEON FL 32455

10. Name and Address of New Registered Agent
81 Name Janice M. Sconiers
82 Street Address (P.O. Box Number is Not Acceptable) 12 Shady Ln.
83
84 City Freeport FL 85 Zip Code 32439

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 Janice M. Sconiers Janice M. Sconiers, Treasurer April 13, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BASS, IRA C	
STREET ADDRESS	204 VICKIE LEIGH ROAD	
CITY-ST-ZIP	FORT WALTON BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, ROGER	
STREET ADDRESS	RT 2 BOX 884	
CITY-ST-ZIP	PONCE DELEON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCONIERS, ALTO W	
STREET ADDRESS	P O BOX 33255	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRUNER, SYLVIA L	
STREET ADDRESS	36 BLUE POND CIRCLE	
CITY-ST-ZIP	PONCE DELEON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, RONALD J	
STREET ADDRESS	1006 STEPHEN DR	
CITY-ST-ZIP	NICEVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bass, IRA C	
1.3 STREET ADDRESS	1214 Juniper Lake Rd.	
1.4 CITY-ST-ZIP	De Funiak Springs, FL 32433	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Sconiers, Alto W.	
3.3 STREET ADDRESS	12 Shady Ln.	
3.4 CITY-ST-ZIP	Freeport, FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	P/D	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Sconiers, Janice M.	
6.3 STREET ADDRESS	P.O. Box 33255 12 Shady Ln.	
6.4 CITY-ST-ZIP	Pensacola, FL 32508 Freeport, FL 32439	

14. I 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.

SIGNATURE: Janice M. Sconiers Janice M. Sconiers 13 April 98 850-830-6970

CF2E037 (10/97)