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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004830

1. Corporation Name
BLUE LAKE/BLUE CYPRESS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business P.O. BOX 33255 PENSACOLA FL 32508 US	Mailing Address P.O. BOX 33255 PENSACOLA FL 32508 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 10/20/1993	4. FEI Number 65-0440501 Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

SCOINERS, JANICE M
12 SHADY LN
FREEPORT FL 32439

10. Name and Address of New Registered Agent

81 Name **Alto W. 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 Alto W. Sconiers, Treasurer 23 Feb 1999 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BASS, IRA C	
STREET ADDRESS	1214 JUNIPER LAKE RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCOINERS, JANICE M	
STREET ADDRESS	12 SHADY LANE	
CITY-ST-ZIP	FREEPORT FL 32439	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCOINERS, ALTO W	
STREET ADDRESS	12 SHADY LANE	
CITY-ST-ZIP	FREEPORT FL 32439	
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 checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jones, Mark Lee	
2.3 STREET ADDRESS	350 Blue Pond Circle	
2.4 CITY-ST-ZIP	Ponce de Leon, FL 32455	
3.1 TITLE	T/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	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dorsey, Jimmy	
5.3 STREET ADDRESS	P.O. Box 1574	
5.4 CITY-ST-ZIP	DeFuniak Springs, FL 32435	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Alto W. Sconiers 23 Feb 1999 850 452 3852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)