

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004830

1. Entity Name

BLUE LAKE/BLUE CYPRESS HOMEOWNERS' ASSOCIATION.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90132 020 \*\*\*\*61.25

Principal Place of Business P.O. BOX 33255 PENSACOLA FL 32508 US	Mailing Address P.O. BOX 33255 PENSACOLA FL 32508-3255 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>12 Shady Lane</i> Suite, Apt. #, etc.	3. Mailing Address <i>12 Shady Lane</i> Suite, Apt. #, etc.
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City & State <i>Freeport, Florida</i>	City & State <i>Freeport, FL</i>	4. FEI Number <b>65-0440501</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32439</i>	Country <i>us</i>	Zip <i>32439</i>	Country <i>us</i>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

SCONIERS, ALTO W  
 12 SHADY LN  
 FREEPORT FL 32439

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Alto W. Sconiers Treasurer* DATE *11 April 2000*

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE VD	NAME BASS, IRA C	STREET ADDRESS 1214 JUNIPER LAKE RD	CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433	<input checked="" type="checkbox"/> Delete
TITLE SD	NAME JONES, MARK L	STREET ADDRESS 350 BLUE POND CIRCLE	CITY-ST-ZIP PONCE DE LEON FL 32455	<input type="checkbox"/> Delete
TITLE TD	NAME SCONIERS, ALTO W	STREET ADDRESS 12 SHADY LANE	CITY-ST-ZIP FREEPORT FL 32439	<input type="checkbox"/> Delete
TITLE D	NAME BRUNER, SYLVIA L	STREET ADDRESS 36 BLUE POND CIRCLE	CITY-ST-ZIP PONCE DELEON FL 32455	<input type="checkbox"/> Delete
TITLE PD	NAME DORSEY, JIMMY	STREET ADDRESS P.O. BOX 1574	CITY-ST-ZIP DEFUNIAK SPRINGS FL 32435	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PO	NAME Fellows, Barbara	STREET ADDRESS 1173 Blue Pond Circle	CITY-ST-ZIP Ponce De Leon, Florida 32455	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME Bruner, Sylvia L.	STREET ADDRESS 36 Blue Pond Circle	CITY-ST-ZIP Ponce De Leon, FL 32455	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME Dorsey, Jimmy	STREET ADDRESS PO Box 1574	CITY-ST-ZIP Defuniak Springs, FL 32433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alto W. Sconiers* DATE: *10 Apr 00* DAYTIME PHONE #: *850-452-2222*

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

CR2E037 (9/99)