


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90101 024 ****61.25

DOCUMENT # N96000002916 1. Entity Name BLUE WATER VILLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3744 SE 12TH AVE CAPE CORAL, FL 33904 US		Mailing Address C/O PROFESSIONALLY YOURS PO BOX 100831 CAPE CORAL, FL 33910-0831 US	
2. Principal Place of Business - No P.O. Box # 615 CAPE CORAL HWY W Suite, Apt. #, etc. #103		3. Mailing Address 96 AMERICAN CONDO MGT Suite, Apt. #, etc. PO BOX 100399	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
Zip 33914		Zip 33914	
Country US		Country US	
4. FEI Number 65-0688303		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TEAGUE, GEORGE PROFESSIONALLY YOURS, INC 8270 COLLEGE PARKWAY, #103 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name Susan Kase Street Address (P.O. Box Number is Not Acceptable) American Condo Mgt Co 615 Cape Coral Parkway #103 City Cape Coral FL Zip Code 33914	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u><i>Susan Kase</i></u> <u><i>Susan Kase</i></u> <u><i>4/30/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SHERWELL, CHERI 3744 SE 12TH AVE #202 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEIBLER, HAROLD 3744 SE 12TH AVE #103 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KASUBICK, TED RR #3 BOX 287 PHILIPSBURG, PA 16866 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KENNEDY, RAY 3744 SE 12TH AVE #203 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: <u><i>Ray Kennedy</i></u> <u><i>RAY KENNEDY</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u><i>4/30/07</i></u> Daytime Phone # <u><i>239.542.4409</i></u>	