## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N96000003886

1. Entity Name
THE CROSSINGS AT BLUEWATER BAY HOMEOWNER'S
ASSOCIATION, INC.



**FILED** May 04, 2006 8:00 am Secretary of State

05-04-2006 90205 011 \*\*\*\*61.25

Principal Pince of Business	1950 BLUEWATER BLVD		,					A STATE OF THE PARTY OF THE PAR	25								
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September   Sept	Space   Spac	Suite, Apt. #, etc.			Suite, Apt. #, etc.					0427200	)6 C	hg-NP		CR2E	037 (4/0	6)	
8. Certificate of Status Desired   Fee Required   F	S. Certificate of Status Desired   Fee Required   F	City & State			City & S	State							<del></del> _				
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Street Address (P.O. Box Number is Not Acceptable)   City	STREET ADDRESS (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable in the Addition		6. Name	and Address of Current	Registered A	gent				7. Name a	and Add	iress of N	lew Regi	stered	Agent		
STEE 2000 NICEVILLE, FL 32578  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  Fliling Fee is \$61.25  Due by May 1, 2006  Public Trust Fund Contribution  City  Fliling Fee is \$61.25  Due by May 1, 2006  Public Trust Fund Contribution  City  FILING FEE Library  Fliling Fee is \$61.25  Due by May 1, 2006  Public Trust Fund Contribution  City  FL  Zip Code  Florida Lam familiar with, and accept the deceptable of Florida. Lam familiar with, and accept the deceptable of Florida. Lam familiar with, and accept the deceptable of Florida. Lam familiar with, and accept the deceptable of Florida. Lam familiar with, and accept the deceptable of Florida. Lam familiar with, and accept the deceptable of Florida. Lam familiar with, and accept the deceptable of Florida. Lam familiar with, and accept the deceptable of Florida. Lam familiar with, and accept the deceptable of Florida. Lam familiar with, and accept the deceptable of Florida. Lam familiar with, and accept the deceptable of Florida. Lam familiar with, and accept the deceptable of Florida. Lam familiar with, and accept the deceptable of Florida. Lam familiar with, and accept the deceptable of Florida. Lam familiar with, and accept the deceptable of Florida Lam familiar with, and accept the deceptable of Florida. Lam familiar with, and accept the deceptable of Florida. Lam familiar with, and accept the deceptable of Florida Lam familiar with, and accept the deceptable of Florida Lam familiar with, and accept the deceptable of Florida Lam familiar with, and accept the deceptable of Florida Lam familiar with, a	Sire Address (P.O. Box Number is Not Acceptable)  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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Filling Fee is \$81.25  Due by May 1, 2006  Pricess AND DIRECTORS  9. Election Campaign Financing Trust Fund Contribution  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  VP  VERTEFEUILLE, CAROLYN  IMME  VERTEFEUILLE, CAROLYN  IMME  CITY-ST-2P  NICEVILLE, FL 32578  NICEVILLE, FL 32578  Delete  NICEVILLE, FL 32578  NICEVILLE, FL 32578  NICEVILLE, FL 32578  SIREIT ADDRESS  NICEVILLE, FL 32578  NICEVILLE, FL 32578  Delete  MAKE  SIREIT ADDRESS  NICEVILLE, FL 32578  NICEVILLE, FL 32578  TITLE  NICEVILLE, FL 32578  SIREIT ADDRESS  NICEVILLE, FL 32578  TITLE  DO  Delete  MAKE  SIREIT ADDRESS  NICEVILLE, FL 32578  NICEVILLE, FL 32578  TITLE  DO  Delete  MAKE  SIREIT ADDRESS  NICEVILLE, FL 32578  TITLE  NICEVILLE, FL 32578  TITLE  NICEVILLE, FL 32578  TITLE  DO  Delete  NIME  SIREIT ADDRESS  NICEVILLE, FL 32578  TITLE  DO  Delete  NICEVILLE, FL 32578  TITLE  NICEVILLE, FL 32578  TITL	LIALEVA	NINI				'	Name	-								
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu	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    Signature, trouct oran of registered agent and title if appacable.   (NOTE Registered Agent agreet are departed when reintaking)   DATE		E, FL 325	78													
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12. Thereby 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:**