## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # N96000005550  1. Entity Name BLUE ANGEL LAKE HOMEOWNERS ASSOCIATION, INC.				0.	4-27-2005 902	290 045 ****61	1.25
Principal Place of Business 9582 WESTGATE CIRCLE PENSACOLA, FL 32507 US  Mailing Address 9582 WESTGATE CIRCLE PENSACOLA, FL 32507 US							HINT <b>II LINE</b>
2 Principal F	Place of Business	3. Mailing Address					
Asabove		As above		1 (88)(10) 101 1841	RIII) BEIJI BEILI BEILI	i 86/8/ 87/8/ 64/3/ 8754 74/	ILIBE ET IBBI
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252005 CI	ng-NP C	R2E037 (10/03)	
City & State		City & State		4. FEI Number 59-345492	.0	<del></del>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired [	\$8.75 Add	ditional
	6. Name and Address of Currer	it Registered Agent		7. Name and Add	ress of New Regis		
WESLEY, SUZANNE			Name	Name			
9582 WESTGATE CIRCLE PENSACOLA, FL 32507			Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
			City	FL Zip Code			
	named entity submits this statement tions of registered agent.	for the purpose of changing	its registered office or r	registered agent, or both, in	the State of Florida	. I am familiar with,	and accept
SIGNATURE							
ł	Signature, typed or printed name of registered age	nt and title if applicable. {N	IOTE: Registered Agent signature	re required when reinstating)		DATE	
	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2005	9. Election (	Campaign Financing	\$5.00 May Be Added to Fees	1	check payable to Department of St	
10.	Filing Fee is \$61.25	9. Election ( Trust Fun	Campaign Financing	\$5.00 May Be	Florida	check payable to Department of St	tate
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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 supply mental 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:

MACHINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 (850)435-7131 Date Daytime Prione #