

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED MAY 14 2005



04072005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N97000005858</b>					
<b>1. Entity Name</b> MILLER'S RUN OF BLUEWATER BAY HOMEOWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> P.O. BOX 5163 NICEVILLE, FL 32578 US			<b>Mailing Address</b> P.O. BOX 5163 NICEVILLE, FL 32578 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3477530	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BULLMAN, RACHEL P.O. BOX 5163 4393 VARDON WAY NICEVILLE, FL 32578			<b>7. Name and Address of New Registered Agent</b> Name: <u>GREGORY A. TOMASCHKO</u> Street Address (P.O. Box Number is Not Acceptable): <u>1470 TRAVERS COURT</u> City: <u>NICEVILLE</u> FL <u>32578</u>		
<b>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.</b>  SIGNATURE: <u>Gregory A. Tomaschko</u> <span style="float: right;">4/20/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOSS, JIM		NAME	FRED SLANINA	
STREET ADDRESS	4383 VARDON WAY		STREET ADDRESS	1472 TRAVERS COURT	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORGAN, JUDY		NAME	GREG TOMASCHKO	
STREET ADDRESS	4380 HAGEN COURT		STREET ADDRESS	1470 TRAVERS COURT	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BULLMAN, RACHEL		NAME	MARY CORBETT	
STREET ADDRESS	4393 VARDON WAY		STREET ADDRESS	4382 HAGEN COURT	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	MAL	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUMSDEN, CAROL		NAME	CAROL LUMSDEN	
STREET ADDRESS	1475 TRAVERS COURT		STREET ADDRESS	1475 TRAVERS COURT	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONGEVIN, FERNE		NAME	COLLEEN DELEMARRE	
STREET ADDRESS	4397 HAGEN COURT		STREET ADDRESS	4378 HAGEN COURT	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Carol Lumsden</u>			<b>04-20-2005 (850)267-9242</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		