2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000001772

1. Entity Name
BLUE HARBOR HOMEOWNERS ASSOCIATION, INC.

FILED
Jul 09, 2008 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
5100 BLUE HARBOR DR PANAMA CITY, FL 32404-7272 US	5100 BLUE HARBOR DR PANAMA CITY, FL 32404-7272

07072008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3574960
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, FRED P
5112 BLUE HARBOR DR.
PANAMA CITY, FL 32404

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

Filing Fee is $61.25
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLARK, FRED P
STREET ADDRESS	5112 BLUE HARBOR DR.
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	D
NAME	SHEFFIELD, DAVID
STREET ADDRESS	5110 BLUE HARBOR DR.
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	D
NAME	PEACOCK, CHARLES S
STREET ADDRESS	5114 BLUE HARBOR DR.
CITY-ST-ZIP	PANAMA CITY, FL 324047272
TITLE	D
NAME	GUILLEBEAU, JOHN
STREET ADDRESS	5102 BLUE HARBOR DR.
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	D
NAME	HENSON, SAM
STREET ADDRESS	5106 BLUE HARBOR DR.
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	D
NAME	HOFFLUND, JOERGEN
STREET ADDRESS	5109 BLUE HARBOR DR.
CITY-ST-ZIP	PANAMA CITY, FL 32404

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07/09/08-80004-014 61.25

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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: FP Clark Fred P Clark 7July 08 850-871-1795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #