2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N98000001772

Entity Name: BLUE HARBOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5100 BLUE HARBOR DR
PANAMA CITY, FL 324047272 US

New Principal Place of Business:

Current Mailing Address:

5100 BLUE HARBOR DR
PANAMA CITY, FL 324047272

New Mailing Address:

FEI Number: 59-3574960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CLARK, FRED P	
Address:	5112 BLUE HARBOR DR.	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	D	( ) Delete
Name:	SHEFFIELD, DAVID	
Address:	5110 BLUE HARBOR DR.	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	D	( ) Delete
Name:	PEACOCK, CHARLES S	
Address:	5114 BLUE HARBOR DR.	
City-St-Zip:	PANAMA CITY, FL 324047272	
Title:	D	( ) Delete
Name:	GUILLEBEAU, JOHN	
Address:	5102 BLUE HARBOR DR.	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	D	( ) Delete
Name:	HENSON, SAM	
Address:	5106 BLUE HARBOR DR.	
City-St-Zip:	PANAMA CITY, FL 32404	
Title:	D	( ) Delete
Name:	HOFFLUND, JOERGEN	
Address:	5109 BLUE HARBOR DR.	
City-St-Zip:	PANAMA CITY, FL 32404	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED P CLARK D 01/16/2009

Electronic Signature of Signing Officer or Director — Date