## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003684

FILED Mar 28, 2007 Secretary of State

Entity Name: REFLECTIONS AT BLUEWATER BAY HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 4400 HWY 20 EAST SUITE 313 NICEVILLE, FL 32578 **New Mailing Address: Current Mailing Address:** P.O. BOX 5263 NICEVILLE, FL 32578 FEI Number: 59-3719281 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANDSBERGER, DARLANE 4400 HWY 20 EAST SUITE 313 NICEVILLE, FL 32578 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BALL, CYNTHIA J LAWRENCE, ED Name: Name: 1322 TREASURE COVE Address: 1324 TREASURE COVE Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578 Title: SD Title: VD (X) Change ( ) Addition ( ) Delete THOMPSON, CAROLINE Name: MENESES, GLADYS Name: Address: 1333 TREASURE COVE Address: 1336 TREASURE COVE City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578 Title: () Delete Title: (X) Change ( ) Addition LAWRENCE, EDWARD E WYSONG, GWEN Name: Name: 1324 TREASURE COVE 1313 TREASURE COVE Address: Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578 Title: VPD ( ) Delete Title: SD (X) Change ( ) Addition BALL, CJ Name: MENESES, GLADYS Name: 1332 TREASURE COVE Address: 1336 TREASURE COVE Address: City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578 Title: () Delete Title: ( ) Change (X) Addition MUSSELWHITE, SUE Name: Name: 1317 TREASURE COVE Address: Address: City-St-Zip: City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the 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: ED LAWRENCE PD 03/28/2007