

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 04, 2009
Secretary of State**

DOCUMENT# N99000003684

Entity Name: REFLECTIONS AT BLUEWATER BAY HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**4400 HWY 20 EAST
SUITE 312
NICEVILLE, FL 32578**New Principal Place of Business:**4502 HWY 20 EAST
SUITE B
NICEVILLE, FL 32578**Current Mailing Address:**P.O. BOX 5263
NICEVILLE, FL 32578**New Mailing Address:**P.O. BOX 5241
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:LANDSBERGER, DARLANE
4400 HWY 20 EAST
SUITE 312
NICEVILLE, FL 32578 US**Name and Address of New Registered Agent:**JERNIGAN, JAMES A
4502 HWY 20 EAST
SUITE B
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: JAMES A JERNIGAN

06/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: JAMES, CHRIS
Address: 1303 TREASURE COVE
City-St-Zip: NICEVILLE, FL 32578Title: SD () Delete
Name: LAWRENCE, ED
Address: 1324 TREASURE COVE
City-St-Zip: NICEVILLE, FL 32578Title: VD () Delete
Name: NAVA, LOUIS
Address: 1329 TREASURE COVE
City-St-Zip: NICEVILLE, FL 32578Title: TD () Delete
Name: WYSONG, GWEN
Address: 1313 TREASURE COVE
City-St-Zip: NICEVILLE, FL 32578Title: D () Delete
Name: CURL, JAMES
Address: 1325 TREASURE COVE
City-St-Zip: NICEVILLE, FL 32578**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:

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: CHRIS JAMES

PD

06/04/2009

Electronic Signature of Signing Officer or Director

Date