

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003684

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

4502 HWY 20 EAST  
SUITE B  
NICEVILLE, FL 32578

**New Principal Place of Business:**

4540 HWY 20 EAST  
SUITE 10  
NICEVILLE, FL 32578

**Current Mailing Address:**

P.O. BOX 5241  
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number:** 59-3719281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JERNIGAN, JAMES A  
4502 HWY 20 EAST  
SUITE B  
NICEVILLE, FL 32578 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: SD  
Name: LAWRENCE, ED  
Address: 1324 TREASURE COVE  
City-St-Zip: NICEVILLE, FL 32578

Title: PD  
Name: NAVA, LOUIS  
Address: 1329 TREASURE COVE  
City-St-Zip: NICEVILLE, FL 32578

Title: TD  
Name: JOHNSON, GWEN  
Address: 1329 TREASURE COVE  
City-St-Zip: NICEVILLE, FL 32578

I hereby 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 all other like empowered.

SIGNATURE: LOUIS NAVA

PD

01/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date