

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P36905

1. Corporation Name

BLUEWATER BAY MANAGEMENT COMPANY

Principal Place of Business

1950 BLUEWATER BLVD.  
NICEVILLE FL 32578  
US

Mailing Address

1950 BLUEWATER BLVD  
NICEVILLE FL 32578-3879  
US

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90054 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1992

4. FEI Number

58-2036286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

RICHARD TUCKER  
1950 BLUEWATER BLVD.  
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D  
NAME WERNER, HELMUT K.  
STREET ADDRESS 1175 PEACHTREE ST., N.E.  
CITY-ST-ZIP ATLANTA GA

TITLE D  
NAME DAIBERL, BERT  
STREET ADDRESS 1386 SUNSET BEACH DRIVE  
CITY-ST-ZIP NICEVILLE FL

TITLE P  
NAME HARROLD, THOMAS J. JR.  
STREET ADDRESS 1409 PEACHTREE ST., N.E.  
CITY-ST-ZIP ATLANTA GA

TITLE D  
NAME LANG, KLAUS  
STREET ADDRESS ROTER BUEHL 12  
CITY-ST-ZIP 72419 NEUFRA GE

TITLE D  
NAME HAISERMANN, KARL-HEINZ  
STREET ADDRESS 1382 SUNSET BEACH DRIVE  
CITY-ST-ZIP NICEVILLE FL

TITLE CD  
NAME BREITSCHWERDT, WERNER  
STREET ADDRESS HAUPTMANNREUTE 138  
CITY-ST-ZIP 70193 STUTTGART GE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

100 GALLERIA PKY NW, 12TH FLOOR  
ATLANTA GA 30339

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

850/897-3613

Daytime Phone #

CR2E034 (1/1/98)