## 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 # P98000047483

1. Corporation Name

BLUE WATER HOMES OF BREVARD, INC.

Principal Place of Business

Mailing Address

7716-1 GREENBORO DRIVE WEST

7716-1 GREENBORO DRIVE WEST

## **FILED** Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90059 025 \*\*\*150.00



MELBOURNE FL 32904 MELBOURNE FL 32904			DO NOT WRITE IN THIS SPACE			
					SPACE	
				3. Date Incorporated or Qualifed		
				05/28/1998		
2. Principal Pl	ace of Business	2a. Mailing Address	0 0	4. FEI Number	Applied For	
21 712	FALLS CROCKUT	26 712 FALLS	S (reek D	x 59-3513342	Not Applicable	
Suite, Apt.	#, etc.	- Suite, Apt. #, etc.	-	5. Certifcate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State City & State				6. Election Campaign Financing	<b>\$5.00</b> May Be	
23 لما وج	+ Melbourne FL	28 West Melbo	urne Fl	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year In		
24 329	04 25 Brevard	29 32904 30	Brewar	Personal Property Tax.	¥Yes □No	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered	Agent	
Name						
AMERILAWYER			82 Street	82 Street Address (P.O. Box Number is Not Acceptable)		
343 ALMERIA AVENUE			· · · · · · · · · · · · · · · · · · ·			
CORAL GABLES FL 33134			83			
			84 City		85 Zip Code	
	••			Fl	_	
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, 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	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSD	☐ DELETE	1.1 TITLE	PSD	Change	
NAME	SQUIRES, BARBARA S		1.2 NAME	Souires Barbous S.		
STREET ADDRESS	DDRESS 7716-1 GREENBORO DRIVE WEST			DDRESS 712 Falls Creek Dr		
CITY-ST-ZIP	MELBOURNE FL 32904		1.4 CITY-ST-ZIP	W. Melbourne FL 3290	ч	
TITLE	VTD	☐ DELETE	2.1 TITLE	PTO	Change Addition	
NAME	SQUIRES, STEPHEN T		2.2 NAME	Sauires Stephent	•	
STREET ADDRESS	7716-1 GREENBORO DRIVE WES	ST	2.3 STREET ADDRESS	712 Falls Creek Dr.		
CITY-ST-ZIP	MELBOURNE FL 32904	. چانچه <u>این متنی</u>	2.4 CITY-ST-ZIP	W. Melbourne FL 3290	) <del>1</del>	
TITLE	V	DELETE	3.1 TITLE	V	Change	
NAME	SLATER, JEFFREY		3.2 NAME	Shope Dafferon		
STREET ADDRESS	7716-1 GREENBORO DRIVE WES	ST	3.3 STREET ADDRESS	Slater, Defferey 712 Falls Creek Dr		
	MELBOURNE FL 32904		3.4. CITY-ST-ZIP	W. Melbourne FL. 35	1904	
CITY-ST-ZIP TITLE	MEDOCHNE I E OEOOT	☐ DELETE	4.1 TITLE	V-, IT IN LUCKET IT -	☐ Change ☐ Addition	
NAME		<u>_</u>	4.2 NAME			
			4.3 STREET ADDRESS	•		
STREET ADDRESS						
CITY-ST-ZIP	·	☐ DELETE	5.1 TITLE		Change   Addition	
TITLE		- V	3.1 (II) EE		_ , _	

CITY-ST-ZIP 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.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

☐ Change

☐ Addition