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Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **734979** **(8)**

1. Corporation Name

BAYSHORE VILLAS ASSOCIATION OF OKALOOSA COUNTY, INC.

Principal Place of Business	Mailing Address
1017 EVERGLADE DRIVE P O BOX 161 NICEVILLE FL 32588-7161 US	1017 EVERGLAD DRIVE P O BOX 161 NICEVILLE FL 32588-0161 US

3. Date Incorporated or Qualified: 02/17/1976
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2400821 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOODRUFF, NANCY J
920 LINDEN AVENUE
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name: EUNICE KRICHBAUM
82 Street Address (P.O. Box Number is Not Acceptable): 917 LINDEN AVE.
83:
84 City: NICEVILLE FL 85 Zip Code: 32578

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Eunice Krichbaum EUNICE KRICHBAUM 2-15-97
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 AND DIRECTORS IN 12		
TITLE	TD	☑ DELETE	1.1 TITLE	T/D EUNICE KRICHBAUM	☑ Change ☐ Addition
NAME	WOODRUFF, NANCY J		1.2 NAME		
STREET ADDRESS	920 LINDEN AVENUE		1.3 STREET ADDRESS	917 LINDEN AVE.	
CITY-ST-ZIP	NICEVILLE FL		1.4 CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	PD	☑ DELETE	2.1 TITLE	P/D WM. W. KENDRICK	☑ Change ☐ Addition
NAME	BERTRAM, NASS		2.2 NAME		
STREET ADDRESS	923 LINDEN AVE		2.3 STREET ADDRESS	1020 EVERGLADE DR	
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VPD	☑ DELETE	3.1 TITLE	VP/D PATRICIA SEKETA	☑ Change ☐ Addition
NAME	BOMGARDNER, RICK		3.2 NAME		
STREET ADDRESS	1013 EVERGLADE DRIVE		3.3 STREET ADDRESS	1043 EVERGLADE DR	
CITY-ST-ZIP	NICEVILLE FL		3.4 CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Eunice Krichbaum EUNICE KRICHBAUM 2/15/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0074806