

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90005 019 ****61.25

40034431



DOCUMENT # 734979 1. Entity Name BAYSHORE VILLAS ASSOCIATION OF OKALOOSA COUNTY, INC.					
Principal Place of Business 1017 EVERGLADE DRIVE P O BOX 161 NICEVILLE, FL 32588-7161 US			Mailing Address 1017 EVERGLADE DRIVE P O BOX 161 NICEVILLE, FL 32588-7161 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2400821	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ROBERTS, HELEN A 932 LINDEN AVE NICEVILLE, FL 32578				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Helen A Roberts</u>		<u>Helen A. Roberts</u> (NOTE: Registered Agent signature required when reinstating)		<u>February 13, 2008</u> DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	GILLEY, RAY		NAME	Austermann, Anthony E	
STREET ADDRESS	1016 EVERGLADE DR		STREET ADDRESS	1055 Everglade Dr	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	Niceville FL 32578	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROBERTS, HELEN		NAME		
STREET ADDRESS	932 LINDEN AVE.		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROBERTS, HELEN A		NAME		
STREET ADDRESS	932 LINDEN AVE		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Anthony Austermann</u>			<u>20 March 08</u> Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		