

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1996



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

**DOCUMENT # 755336 (5)**  
 1. Corporation Name  
**BAHIA EAST CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **1288 MARLER DRIVE FT WALTON BCH FL 32548**  
 Mailing Address: **1288 MARLER DRIVE FT WALTON BCH FL 32548**

3. Date Incorporated or Qualified: **12/02/1980**  
 3a. Date of Last Report: **12/27/1995**

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

4. FEI Number: **59-2213804**  
 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  
**W.S. MCKNIGHT  
 1288 MARLER DRIVE  
 #15  
 FT WALTON BCH FL 32548**

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 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: W.S. MCKNIGHT AGENT (NOTE: Registered Agent signature required when reinstating)  
 DATE: 6-27-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JACK HOPPER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK HOPPER	1.2 NAME	
STREET ADDRESS	5564 HWY 55 EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	EVA AL 35621	1.4 CITY-ST-ZIP	
TITLE	VPD W.S. MCKNIGHT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W.S. MCKNIGHT	2.2 NAME	
STREET ADDRESS	1288 MARLER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	2.4 CITY-ST-ZIP	
TITLE	SD WILLIAM C NAFTEL II	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM C NAFTEL II	3.2 NAME	
STREET ADDRESS	14 MISTY WATER LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL 32569	3.4 CITY-ST-ZIP	
TITLE	TD TERRY S. TAYLOR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY S. TAYLOR	4.2 NAME	
STREET ADDRESS	1288 MARLER DR #6	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT.WALTON BEACH FL 32548	4.4 CITY-ST-ZIP	
TITLE	D THEODORE CASON	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEODORE CASON	5.2 NAME	
STREET ADDRESS	310 EAST 4TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLORALA AL 36442	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: W.S. MCKNIGHT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: 6-27-96 DAYTIME PHONE #: 904-243-3272

CR2E037 (3/96)