


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755336 (5)**

1. Corporation Name  
**BAHIA EAST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>1288 MARLER DRIVE FT WALTON BCH FL 32548</b>	Mailing Address <b>1288 MARLER DRIVE FT WALTON BCH FL 32548</b>
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3. Date Incorporated or Qualified <b>12/02/1980</b>		
4. FEI Number <b>59-2213804</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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	85 Zip Code

**FL**

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* DATE: **13 MAY 1998**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACK HOPPER	
STREET ADDRESS	5564 HWY 55 EAST	
CITY-ST-ZIP	EVA AL 35621	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	W.S. MCKNIGHT	
STREET ADDRESS	1288 MARLER DRIVE	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAM C NAFTEL II	
STREET ADDRESS	14 MISTY WATER LANE	
CITY-ST-ZIP	MARY ESTHER FL 32569	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TERRY S. TAYLOR	
STREET ADDRESS	1288 MARLER DR #8	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THEODORE CASON	
STREET ADDRESS	310 EAST 4TH AVE	
CITY-ST-ZIP	FLORALA AL 36442	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AL FRIEBERG - PRES - DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	6004 VOGEL COURT	
1.3 STREET ADDRESS	Mobile AL 36693	
1.4 CITY-ST-ZIP		
2.1 TITLE	W.S. MCKNIGHT VP - DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1288 MARLER AVE #14	
2.3 STREET ADDRESS	FW.B, F 32548	
2.4 CITY-ST-ZIP		
3.1 TITLE	ROBERT WALLACE - SEC - DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	550 MAIN AVE SUITE 825	
3.3 STREET ADDRESS	KNOXVILLE TN 37902	
3.4 CITY-ST-ZIP		
4.1 TITLE	CHUCK BOLTON - TREAS - DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1288 MARLER AVE #12	
4.3 STREET ADDRESS	FT WALTON BEACH, FL 32548	
4.4 CITY-ST-ZIP		
5.1 TITLE	JACK HOPPER - DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	5564 HWY 55 EAST	
5.3 STREET ADDRESS	EVA, AL 35621	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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*

CR2E037 (10/97)