

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90068 045 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755336**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/02/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2213804	
24 Country		29 Country		30	
				Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
W.S. MCKNIGHT 1288 MARLER DRIVE #15 FT WALTON BCH FL 32548		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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT-DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK HOPPER		1.2 NAME	AL FRIEBERG	
STREET ADDRESS	5564 HWY 55 EAST		1.3 STREET ADDRESS	6004 VOGEL CT	
CITY-ST-ZIP	EVA AL 35621		1.4 CITY-ST-ZIP	MOBILE, AL, 36693	
TITLE	VPD	<input type="checkbox"/> DELETE	2.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W.S. MCKNIGHT		2.2 NAME	W.S. MCKNIGHT	
STREET ADDRESS	1288 MARLER DRIVE		2.3 STREET ADDRESS	1288 MARLER DR. #16	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548		2.4 CITY-ST-ZIP	FT WALTON BEACH, FL 32548	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	SEC. DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM C NAFTEL II		3.2 NAME	BOBBY WALLACE	
STREET ADDRESS	14 MISTY WATER LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER FL 32569		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	TREA. DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY S. TAYLOR		4.2 NAME	CHARLES BOLTON	
STREET ADDRESS	1288 MARLER DR #6		4.3 STREET ADDRESS	1288 MARLER DR. #12	
CITY-ST-ZIP	FT. WALTON BEACH FL 32548		4.4 CITY-ST-ZIP	FT WALTON BCH, FL 32548	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEODORE CASON		5.2 NAME	JACK CASON	
STREET ADDRESS	310 EAST 4TH AVE		5.3 STREET ADDRESS	5564 HWY 55 EAST	
CITY-ST-ZIP	FLORALA AL 36442		5.4 CITY-ST-ZIP	EVA, AL 35621	
TITLE	PD	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEBERG, AL		6.2 NAME		
STREET ADDRESS	6004 VOGEL CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	MOBILE AL 36693		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, with all other like empowered.

SIGNATURE: C. S. BOLTON TREA-DIR 4-21-99 850 243 4233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (1/98)