

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90079 020 ****61.25

DOCUMENT # 755336

1. Entity 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

00017682



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13 MEMORIAL PARKWAY
#102

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT WALTON BCH, FL

4. FEI Number

59-2213804

Applied For

Not Applicable

Zip

Country

Zip

Country

32548

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

W.S. MCKNIGHT
1288 MARLER DRIVE
#15
FT WALTON BCH FL 32548

Name CHARLES H. BOLTON

Street Address (P.O. Box Number is Not Acceptable)
13 MEMORIAL PARKWAY

SUITE 102

City FT WALTON BEACH FL

Zip Code 32548

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.

SIGNATURE CHARLES H. BOLTON

Charles H. Bolton

2-09-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEBERG, AL 6004 VOGEL CT. MOBILE AL 36693	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D W.S. MCKNIGHT 1288 MARLER DRIVE FT. WALTON BEACH FL 32548	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOLTON, MAX JR 705 LONG LEAF DR FORT WALTON BEACH FL 32548	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOLTON, CHARLES 1288 MARLER DR. # 12 FT.WALTON BEACH FL 32548	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLOAN, VIRGINIA 1288 MARLER DR FORT WALTON BEACH FL 32548	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RAHE, THEODORE O 327 ELDREDGE RD FORT WALTON BEACH FL 32547	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHARLES H. BOLTON 13 MEMORIAL PARKWAY #102 FT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO MAX BOLTON JR. 705 LONG LEAF DR. FT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIRGINIA SLOAN 1288 MARLER DR #14 FT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TERRI TAYLOR 1288 MARLER DR #14 FT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AL FRIEBERG 6004 VOGEL CT. MOBILE AL 36693	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 C. BOLTON REQUIRED CHARLES H. BOLTON 1-16-01 850 243 4233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0018632