


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90075 010 ****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 13 MEMORIAL PARKWAY 205 Brooks St SE #102 Ste 201 FT WALTON BCH, FL 32548
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94068191



03042004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2213804	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOLTON, CHARLES H % Progressive Mgmt of America
13 MEMORIAL PARKWAY 205 Brooks St., SE Ste 201
SUITE 102
FT WALTON BCH, FL 32548

DO NOT WRITE IN THIS SPACE

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: *C. Bolton* (NOTE: Registered Agent signature required when reinstating) DATE: April 14, 2004

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOLTON, CHARLES H 13 MEMORIAL PARKWAY #102 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOLTON, MAX JR AL Freiberg 706 LONGLEAF DR 6004 Vogel Court FT. WALTON BEACH, FL 32548 Mobile, AL 36693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SLOAN, VIRGINIA 1288 MARLER DR #14 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAYLOR, TERRI 1288 MARLER DR #14 FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPPER, AL 6004 VOGEL CT MOBILE, AL 36693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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* **President** DATE: April 14, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #