

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90063 028 ****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
**205 BROOKS ST SE 13 Memorial Pkwy
STE 201 Ste 102
FORT WALTON BEACH, FL 32548**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2213804	Applied For <input type="checkbox"/> 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
C/O PROGRESSIVE MGMT. OF AMERICA
205 BROOKS ST., SE, STE 201 13 Memorial Pkwy #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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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 FREIBERG, AL 6004 VOGEL CT. Vogel 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 #6 FT. WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPPER, AL JACK 6004 VOGEL CT 5564 Highway 55 E MOBILE, AL 36693 Eva, AL 36621
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-05
Date

Daytime Phone #