


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 755336</b>	
1. Entity Name BAHIA EAST CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 1288 MARLER DRIVE FT WALTON BCH, FL 32548	Mailing Address 13 MEMORIAL PKWY STE 102 FORT WALTON BEACH, FL 32548
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**DO NOT WRITE IN THIS SPACE**



02052007 No Chg-NP CR2E037 (4/06)

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  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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	TD FREIBERG, AL 6004 YOGEL MOBILE, AL 36693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOPPER, JACK 5564 HIGHWAY 55 E EVA, AL 35621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COX, SUSAN 348 HOLMES BLVD NW FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000638814  
 02/27/07-80027-015 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2-08-07 850-243-4233

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