

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755336

FILED
Apr 07, 2009
Secretary of State

Entity Name: BAHIA EAST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1288 MARLER DRIVE
FT WALTON BCH, FL 32548

New Principal Place of Business:

Current Mailing Address:

13 MEMORIAL PKWY
STE 102
FORT WALTON BEACH, FL 32548

New Mailing Address:

PO BOX 4386
FORT WALTON BEACH, FL 32549 US

FEI Number: 59-2213804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLTON, CHARLES H
13 MEMORIAL PKWY #102
FT WALTON BCH, FL 32548 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOLTON, CHARLES H
Address: 13 MEMORIAL PARKWAY #102
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD () Delete
Name: FREIBERG, AL
Address: 6004 YOGEL
City-St-Zip: MOBILE, AL 36693

Title: VPD () Delete
Name: HOPPER, MIKE
Address: 5494 HIGHWAY 556
City-St-Zip: EVA, AL 35621

Title: SD () Delete
Name: COX, SUSAN
Address: 348 HOLMES BLVD NW
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BOLTON, CHARLES H
Address: 13 MEMORIAL PARKWAY #102
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: VPD (X) Change () Addition
Name: HOPPER, MIKE
Address: 5494 HIGHWAY 556
City-St-Zip: EVA, AL 35621 US

Title: STD (X) Change () Addition
Name: SLOAN, VIRGINIA
Address: 10901 BURNT MILL RD, UNIT 1902
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: AS (X) Change () Addition
Name: COX, SUSAN J
Address: 348 HOLMES BLVD NW
City-St-Zip: FORT WALTON BEACH, FL 32548 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN J. COX

AS

04/07/2009

Electronic Signature of Signing Officer or Director

Date