


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90046 013 ****61.25

DOCUMENT # N02000001150
 1. Entity Name
BAHAMA BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 3050 MICHIGAN AVENUE 3050 MICHIGAN AVENUE
 KISSIMMEE FL 34744 KISSIMMEE FL 34744

50013978



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 400 Gran Bahama Blvd 400 Gran Bahama Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Davenport, FL Davenport, FL
 Zip Country Zip Country
 33897 U.S. 33897 U.S.

4. FEI Number Applied For
 06-1670999 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 OXLEY, PAUL
 3050 MICHIGAN AVENUE
 KISSIMMEE FL 34744

7. Name and Address of New Registered Agent
 Name John Gordon
 Street Address (P.O. Box Number is Not Acceptable)
 400 Gran Bahama Blvd
 City Davenport FL Zip Code 33897

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]* DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OXLEY, PAUL 3050 MICHIGAN AVENUE KISSIMMEE FL 34744	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OXLEY, LINDSAY 3050 MICHIGAN AVENUE KISSIMMEE FL 34744	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARKS, ROBERT 3109 FAIRFIELD DRIVE KISSIMMEE FL 34743	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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: *[Signature]* Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR