2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEPICER OR DIRECTOR

Mar 13, 2006 8:00 am Secretary of State DOCUMENT # N02000001150 03-13-2006 90086 005 ****61.25 BAHÁMA BAY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 400 GRAN BAHAMA BLVD 400 GRAN BAHAMA BLVD 50002372 DAVENPORT, FL 33897 DAVENPORT, FL 33897 2. Principal Place of Business 3. Mailing Address . Suite, Apt. #, etc. Suite, Apt. #, etc. 03082006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 06-1670999 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Alexander Carius GORDON, JOHN Street Address (P.O. Box Number is Not Acceptable) 400 GRAN BAHAMA BLVD DAVENPORT, FL 33897 400 Gran Bahana Blvd Davenport 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 Alexander Carius CAM (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS President PD Delete TITLE Gary Brazowski OXLEY, PAUL NAME NAME 15 Mawney Road STREET ADDRESS 3050 MICHIGAN AVENUE STREET ADDRESS Romford Essex RM77HL UK V. Pyrs: Man 1 De Change Addition CITY-ST-ZIP KISSIMMEE, FL 34744 CITY-ST-ZIP TITLE TITLE John Lane 59 Barton Ave MARKS, ROBERT NAME STREET AUDRESS 3109 FAIRFIELD DRIVE STREET ADDRESS Rushgreen Romford Essex RM70NB CITY-ST-ZIP KISSIMMEE, FL 34743 CITY-ST-ZIP TITLE TITLE ☐ Delete Diane clift NAME NAME STREET ADDRESS Rectory Road STREET ADDRESS stisted Braintree Essex CM778AL UK CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

March 8 work

FILED