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May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000001121 (0)**

1. Corporation Name
BAHIA OAKS MOBILE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5811 SW 63 ST OCALA FL 34474	5811 SW 63 ST OCALA FL 34474

3. Date Incorporated or Qualified: 02/28/1996

4. FEI Number: 59-3371761 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5911 S.W. 61st Place	26 P.O. Box 771693
22 Suite, Apt. #, etc. -0-	27 Suite, Apt. #, etc. -0-
23 City & State: Ocala, Florida	28 City & State: Ocala, Florida
24 Zip: 34474 25 Country: Marion	29 Zip: 34477-1693 30 Country: Marion

9. Name and Address of Current Registered Agent

WILSON, ROBERT J
5811 SW 63 ST
OCALA FL 34474

10. Name and Address of New Registered Agent

81 Name: Mr James Taylor
82 Street Address (P.O. Box Number is Not Acceptable): 5911 S.W. 61st Place
83 -0-
84 City: Ocala, **FL** 85 Zip Code: 34474

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: James Taylor (President) DATE: May 21, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	Office of Director	☐ Change ☒ Addition
NAME	WILSON, ROBERT J.		1.2 NAME	Pete Peterson	
STREET ADDRESS	5811 SW 63 ST		1.3 STREET ADDRESS	5851 S.W. 62nd Place	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	Ocala, Florida 34474	
TITLE	V Secy. Treas.	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FLORENCE, VIRGINIA		2.2 NAME		
STREET ADDRESS	5801 SW 63 PL RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		2.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, MYRTLE M.		3.2 NAME		
STREET ADDRESS	5851 SW 63 PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP		
TITLE	P.	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, JAMES		4.2 NAME		
STREET ADDRESS	5911 SW 61 PL		4.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCKAY, NROMAN		5.2 NAME		
STREET ADDRESS	5831 SW 62 PL		5.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Virginia Florence, Sec'y/Treas.