

FILE NOW: FILING FEE AFTER MAY 1 IS \$165.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 30 AM 9:13

DOCUMENT # 753268 (2)

1. Corporation Name

BAYVIEW WATERS CONDOMINIUM OWNERS' ASSOCIATION, INC.

Principal Place of Business

726 N. EGLIN PARKWAY
FT WALTON BCH FL 32547

Mailing Address

726 N. EGLIN PARKWAY
FT WALTON BCH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/08/1980

3a. Date of Last Report

03/16/1994

4. FEI Number

59-2052460

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

MOORE, HAROLD
726 N. EGLIN PARKWAY
FT. WALTON BCH. FL 32547

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
MOORE, HAROLD
726 N EGLIN PARKWAY #B1
FT WALTON BCH FL 32547

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VSD
ROBERTS, HAZEL I
726 N EGLIN PARKWAY #D6
FT WALTON BCH FL 32547

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
MCNEAL, ED
905 LAWTON CT
FT WALTON BCH FL 32547

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

M
RAY, FRANK
21 MIMOSA ST
FT WALTON BCH FL 32548

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

Hazel I. Roberts
Hazel I. Roberts
Vice-President 24 January 95 904-862-9037

Hazel I. Roberts

Vice-President 24 January 95

904-862-9037