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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **753268** **(2)**

1. Corporation Name

**BAYVIEW WATERS CONDOMINIUM OWNERS' ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 726 N. EGLIN PARKWAY<br>FT WALTON BCH FL 32547 | 726 N. EGLIN PARKWAY<br>FT WALTON BCH FL 32547-3931 |

3. Date Incorporated or Qualified: **07/08/1980**
3a. Date of Last Report: **01/30/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 111 Beal Parkway S.E
Suite, Apt. #, etc.
27 Fort Walton Beach, FL
City & State
28 32548
Zip 29 Country 30 USA

4. FEI Number: **59-2052460** ☐ 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

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

91 Name: C-21 Coastal Realty Service, Inc.
92 Street Address (P.O. Box Number is Not Acceptable): 111 Beal Parkway S.E.
93 F
94 City: Fort Walton Beach **FL** 95 Zip Code: 32548

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: Cera B. Dexter - Association Manager Cera B. Dexter 4/23/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☑ DELETE | 1.1 TITLE | President D | ☑ Change ☐ Addition |
| NAME | MOORE, HAROLD | | 1.2 NAME | Cynthia I. De Jesus | |
| STREET ADDRESS | 726 N EGLEN PKWY # 31 | | 1.3 STREET ADDRESS | 726 N Eglin Pkwy B-9 | |
| CITY-ST-ZIP | FT WALTON BCH FL | | 1.4 CITY-ST-ZIP | Fort Walton Beach, FL 32547 | |
| TITLE | VD | ☑ DELETE | 2.1 TITLE | VP | ☑ Change ☐ Addition |
| NAME | MORING, EUGENE | | 2.2 NAME | Nicholas Var Konyi | |
| STREET ADDRESS | 726 N EGLIN PKWY # B-8 | | 2.3 STREET ADDRESS | 726 N Eglin Pkwy - B-10 | |
| CITY-ST-ZIP | FT WALTON BCH FL | | 2.4 CITY-ST-ZIP | Fort Walton Beach, FL - 32547 | |
| TITLE | TD | ☑ DELETE | 3.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | MC NEAL, ED | | 3.2 NAME | Frank Barbour | |
| STREET ADDRESS | 905 LAWTON CT | | 3.3 STREET ADDRESS | 726 N. Eglin D-9 | |
| CITY-ST-ZIP | FT WALTON BCH FL | | 3.4 CITY-ST-ZIP | Fort Walton Beach, FL - 32547 | |
| TITLE | M | ☑ DELETE | 4.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | RAY, FRANK | | 4.2 NAME | Wayne Startup | |
| STREET ADDRESS | 21 MIMOSA ST | | 4.3 STREET ADDRESS | 726 N Eglin Pkwy A-7 | |
| CITY-ST-ZIP | FT WALTON BCH FL | | 4.4 CITY-ST-ZIP | Fort Walton Beach, FL 32547 | |
| TITLE | S | ☑ DELETE | 5.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | STARTUP, WAYNE | | 5.2 NAME | Geraldine Thurman | |
| STREET ADDRESS | 726 N EGLEN PKWY # 47 | | 5.3 STREET ADDRESS | 197 W. First ave | |
| CITY-ST-ZIP | FT WALTON BEACH FL | | 5.4 CITY-ST-ZIP | Crestview, FL 32536 | |
| 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 (9/96)

14. I do 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:** Nicholas Var Konyi SIGNATURE REQUIRED 2 4 97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073835