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Feb 06 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 # **753268** **(2)**

1. Corporation Name

BAYVIEW WATERS CONDOMINIUM OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
726 N. EGLIN PARKWAY FT WALTON BCH FL 32547	111 BEAL PARKWAY S.E. FT WALTON BCH FL 32548 US

3. Date Incorporated or Qualified: 07/08/1980

4. FEI Number: 59-2052460 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (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. 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

9. Name and Address of Current Registered Agent

COASTAL REALTY SERVICE INC
111 BEAL PARKWAY S.E.
C-21
FT. WALTON BCH. FL 32548

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 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.

Eva Sexton

SIGNATURE Cynthia D. DeJesus — Cynthia T DeJesus — 1/28/98 — CR2 — CoastalRealty

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		☐ Change ☐ Addition
NAME	DE JESUS, CYNTHIA I		1.2 NAME		
STREET ADDRESS	726 M EGLIN PKWY		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH FL		1.4 CITY-ST-ZIP		
TITLE	VO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VARKONYI, NICHOLAS		2.2 NAME		
STREET ADDRESS	726 M EGLIN PKWY, B-10		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH FL		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARBOUR, FRANK		3.2 NAME		
STREET ADDRESS	726 N. EGLIN, D-1		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BCH FL		3.4. CITY-ST-ZIP		
TITLE	D	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	STARTUP, WAYNE		4. 2 NAME	Traci Pond	
STREET ADDRESS	726 EGLIN PKWY, A-7		4.3 STREET ADDRESS	726 N. Eglin Pkwy B-8	
CITY-ST-ZIP	FT WALTON BCH FL		4.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THURMAN, GERALDINE		5.2 NAME		
STREET ADDRESS	197 W. FIRST AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW 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: SIGNATURE REQUIRED — 1-27-98 — 863-2881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #