

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90037 050 ****61.25

DOCUMENT # 753268 1. Entity Name BAYVIEW WATERS CONDOMINIUM OWNERS' ASSOCIATION, INC.					
Principal Place of Business 726 EGLIN PARKWAY NE FT WALTON BCH, FL 32547 US			Mailing Address 726 EGLIN PARKWAY NE FT WALTON BCH, FL 32547 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2052460	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RDF ASSOCIATES, INC. 29C MIRACLE STRIP PARKWAY FORT WALTON BEACH, FL 32548				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODS, JIM		NAME	Frank Barbour	
STREET ADDRESS	21 MEIGS DR		STREET ADDRESS	424 Mixon Lane	
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP	Ozark, AL 36360	
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARKONYI, NIC		NAME	Daniel Miller	
STREET ADDRESS	726 EGLIN PKWY NE UNIT 10-B		STREET ADDRESS	726 Eglin Pkwy NE 2-D	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	ECKERT, LEROY		NAME	Nickolas Varkonyi	
STREET ADDRESS	1 KRISTIAN CIRCLE		STREET ADDRESS	726 Eglin Pkwy NE 10-B	
CITY-ST-ZIP	NICEVILLE, FL 32579		CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Addition
NAME	WOODS, SHARON		NAME	Jeremy Bullock	
STREET ADDRESS	21 MEIGS DR.		STREET ADDRESS	726 Eglin Pkwy NE 1-A	
CITY-ST-ZIP	SHALIMAR, FL 32579		CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	HOLLAND, CINDY		NAME	Deborah Dennstedt	
STREET ADDRESS	162 RAINBOW DR.		STREET ADDRESS	726 Eglin Pkwy NE 12-D	
CITY-ST-ZIP	FORT WALTON, FL 32548		CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
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.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	