

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753268

FILED  
Feb 26, 2012  
Secretary of State

**Entity Name:** BAYVIEW WATERS CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

726 EGLIN PARKWAY NE  
FT WALTON BCH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

726 EGLIN PARKWAY NE  
FT WALTON BCH, FL 32547 US

**New Mailing Address:**

**FEI Number:** 59-2052460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ETHRIDGE, STACEY  
726 EGLIN PARKWAY NE  
APT B-6  
FORT WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMITH, MIKE  
Address: 726 EGLIN PARKWAY NE  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: VP  
Name: MILLER, DANIEL  
Address: 726 EGLIN PKWY NE 2-D  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: T  
Name: ETHRIDGE, STACEY  
Address: 726 EGLIN PKWY NE APT B-6  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D  
Name: JETER, JIM  
Address: 726 EGLIN PARKWAY NE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D  
Name: DEWRELL, TRAVIS  
Address: 26 LINWOOD ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STACEY ETHRIDGE

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02/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date