

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90049 004 ****61.25

DOCUMENT # 755336 1. Entity Name BAHIA EAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1288 MARLER DRIVE FT WALTON BCH, FL 32548			Mailing Address 13 MEMORIAL PKWY STE 102 FORT WALTON BEACH, FL 32548		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2213804	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOLTON, CHARLES H 13 MEMORIAL PKWY #102 FT WALTON BCH, FL 32548				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOLTON, CHARLES H		NAME		
STREET ADDRESS	13 MEMORIAL PARKWAY #102		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREIBERG, AL		NAME		
STREET ADDRESS	6004 YOGEL		STREET ADDRESS		
CITY-ST-ZIP	MOBILE, AL 36693		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SLOAN, VIRGINIA		NAME		
STREET ADDRESS	1288 MARLER DR #14		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, TERRI		NAME		
STREET ADDRESS	1288 MARLER DR #6		STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOPPER, JACK		NAME		
STREET ADDRESS	5564 HIGHWAY 55 E		STREET ADDRESS		
CITY-ST-ZIP	EVE, AL 55621		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	SUSAN COX	
STREET ADDRESS			STREET ADDRESS	348 HOLMES BLVD, NW	
CITY-ST-ZIP			CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
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:			1-30-06 (850) 243-4233		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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