


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90058 031 ****70.00

DOCUMENT # 764324 1. Entity Name BAHAMAS WEST I OWNERS ASSOCIATION, INC. <div style="text-align: right; margin-top: -20px;"><i>chk # 2054</i></div>					
Principal Place of Business 129 SOUTHFIELDS RD. UNIT A PANAMA CITY BEACH, FL 32413 US			Mailing Address 4631 POST OAK TRITT ROAD C/O T JAMES OVBHEY MARIETTA, GA 30062-5626 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	01072008 Chg-NP CR2E037 (12/06) 4. FEI Number NOT APPLICABLE	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OVBHEY, T JAMES 129-A SOUTHFIELDS ROAD PANAMA CITY BEACH, FL 32413			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 <i>T James Ovbeey</i> <i>J. James Ovbeey</i> <i>1/07-08</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OVBHEY, T JAMES 4631 POST OAK TRITT RD MARIETTA, GA 300625626 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATON, DOLORES S 4726 ARBUTUS OSCODA, MI 48750 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Dolores Swaton <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 876 Woodbridge Hill Drive Brighton, MI 48116	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALTON, BETTY 4626 6TH AVENUE (WYLAN) BIRMINGHAM, AL 35224 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Donald DeCingue <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 255 Overland Trail McDonough, GA 30252	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	i <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Audrey DeCingue <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 255 Overland Trail McDonough, GA 30252	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Carlos Perez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7300 St Ives Way #5105 Naples, FL 34104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Elizabeth Perez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7300 St Ives Way #5105 Naples, FL 34104	
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: <i>J. James Ovbeey</i> <i>T James Ovbeey</i> <i>1/07-08</i> <i>730-4631</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					