# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2009**
**Secretary of State**

DOCUMENT# 764324

**Entity Name:** BAHAMAS WEST I OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

129 SOUTHFIELDS RD.
UNIT A
PANAMA CITY BEACH, FL 32413 US

**New Principal Place of Business:**

**Current Mailing Address:**

4631 POST OAK TRITT ROAD
C/O T JAMES OVBEY
MARIETTA, GA 300625626 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

OVBEY, T JAMES
129-A SOUTHFIELDS ROAD
PANAMA CITY BEACH, FL 32413 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: | PD | ( ) Delete |
| Name: | OVBEY, T JAMES | |
| Address: | 4631 POST OAK TRITT RD | |
| City-St-Zip: | MARIETTA, GA 300625626 | |
| Title: | VD | ( ) Delete |
| Name: | SWATON, DOLORES | |
| Address: | 876 WOODBRIDGE HILL DR | |
| City-St-Zip: | BRIGHTON, MI 48116 | |
| Title: | SD | ( ) Delete |
| Name: | DECINQUE, DONALD | |
| Address: | 255 OVERLAND TRL | |
| City-St-Zip: | MCDONOUGH, GA 30252 | |
| Title: | D | ( ) Delete |
| Name: | DECINQUE, AUDREY | |
| Address: | 255 OVERLAND TRL | |
| City-St-Zip: | MCDONOUGH, GA 30252 | |
| Title: | D | ( ) Delete |
| Name: | PEREZ, CARLOS | |
| Address: | 7300 ST IVES WAY 5105 | |
| City-St-Zip: | NAPLES, FL 34104 | |
| Title: | D | ( ) Delete |
| Name: | PEREZ, ELIZABETH | |
| Address: | 7300 ST IVES WAY 5105 | |
| City-St-Zip: | NAPLES, FL 34104 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: T. JAMES OVBEY PD 01/08/2009
Electronic Signature of Signing Officer or Director — Date