

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764758

FILED
Apr 08, 2009
Secretary of State

Entity Name: BAHAMAS WEST II OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

22408-D FRONT BEACH RD.
PANAMA CITY BEACH, FL 32413 US

New Principal Place of Business:

Current Mailing Address:

JOHN GAFFORD
2101 SHORTLINE DR.
MONTGOMERY, AL 36116

New Mailing Address:

JOHN GAFFORD
2101 SHORTLINE DR.
MONTGOMERY, AL 36116 US

FEI Number: 59-3191815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWNING, LEON
112 PLACIDO PLACE
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: D () Delete
Name: ROBINSON, KEN
Address: 416 MICHAEL RD
City-St-Zip: LEEDS, AL 35094

Title: D () Delete
Name: MENZIE, CAROL
Address: 22408-C FRONT BEACH ROAD
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: ST () Delete
Name: GAFFORD, JOHN
Address: 2101 SHORTLINE DR.
City-St-Zip: MONTGOMERY, AL 36116

Title: P () Delete
Name: BROWNING, LEON
Address: 112 PLACIDO PLACE
City-St-Zip: PANAMA CITY BEACH, FL 32413

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:

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: JOHN E. GAFFORD

ST

04/08/2009

Electronic Signature of Signing Officer or Director

Date