


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 765549		
1. Entity Name BAY CLUB OF SANDESTIN CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 120 SANDESTIN BLVD DESTIN, FL 32541 US		Mailing Address P O BOX 540669 MERRITT ISLAND, FL 32954 US
DO NOT WRITE IN THIS SPACE		
		05042005 No Chg-NP CR2E037 (10/03)
		4. FEI Number 59-2624843
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NEWMAN, JR., RAYMOND F 348 MIRACLE STRIP PARKWAY, SUITE 7 FT. WALTON BEACH, FL 32548		DO NOT WRITE IN THIS SPACE
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 September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALEE, WILLIAM 120 SANDESTIN BLVD DESTIN, FL 32541	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCGREGOR, ROB ROY 120 SANDESTIN BLVD DESTIN, FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HERMAN, RICHARD 120 SANDESTIN BLVD DESTIN, FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELDON, BEVERLY 120 SANDESTIN BLVD DESTIN, FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRE, DAVID 120 SANDESTIN BLVD DESTIN, FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTELT, STEPHEN 120 SANDESTIN BLVD DESTIN, FL 32541	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____