

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768003

FILED
Apr 25, 2008
Secretary of State

Entity Name: BAYBRIDGE SUBDIVISION OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

103 BAYBRIDGE
GULF BREEZE, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

103 BAYBRIDGE
GULF BREEZE, FL 32561 US

New Mailing Address:

FEI Number: 59-2419956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLIDAY, BRUCE A
83 BAYBRIDGE
GULF BREEZE, FL 32561 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: STD () Delete
Name: LYONS, MARK
Address: 68 BAYBRIDGE DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: PCD () Delete
Name: HOLLIDAY, BRUCE A
Address: 83 BAYBRIDGE
City-St-Zip: GULF BREEZE, FL

Title: D () Delete
Name: DEUEL, KENNETH H.
Address: 97 BAYBRIDGE
City-St-Zip: GULF BREEZE, FL

Title: D () Delete
Name: WILDER, HARRISON,
Address: 99 BAYBRIDGE
City-St-Zip: GULF BREEZE, FL

Title: D () Delete
Name: AYLSTOCK, BRYAN
Address: 1192 OLD TRAIL
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: LAW, QUINTON O DR.
Address: 85 BAYBRIDGE DR.
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HOLLIDAY, BRUCE A
Address: 83 BAYBRIDGE
City-St-Zip: GULF BREEZE, FL

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

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

Title: PCD (X) Change () Addition
Name: AYLSTOCK, BRYAN
Address: 1192 OLD TRAIL
City-St-Zip: GULF BREEZE, FL 32563

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: BRYAN AYLSTOCK

PCD

04/25/2008

Electronic Signature of Signing Officer or Director

Date