



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90734 009 ****70.00

DOCUMENT # N01000000589					
1. Entity Name BASS LAKE ESTATES OF OKALOOSA COUNTY HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3298 SUMMIT BLVD. STE 29 PENSACOLA, FL 32503			Mailing Address 3298 SUMMIT BLVD. STE 29 PENSACOLA, FL 32503		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASS, MICHAEL T. 3298 SUMMIT BLVD., STE. 8 PENSACOLA, FL 32503				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME BASS, THEREFA M. H.			<input checked="" type="checkbox"/> Delete	
STREET ADDRESS 3298 SUMMIT BLVD., STE. 8	628 Bay Cliffs Rd.			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP PENSACOLA, FL 32503	Gulf Breeze, FL 32561			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD	NAME BASS, MICHAEL T.			<input type="checkbox"/> Delete	
STREET ADDRESS 3298 SUMMIT BLVD., STE. 8	628 Bay Cliffs Rd.			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP PENSACOLA, FL 32503	Gulf Breeze, FL 32561			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME BASS, PAGE P.			<input type="checkbox"/> Delete	
STREET ADDRESS 3298 SUMMIT BLVD., STE. 8	628 Bay Cliffs Rd.			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP PENSACOLA, FL 32503	Gulf Breeze, FL 32561			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 			<input type="checkbox"/> Delete	
STREET ADDRESS 	628 Bay Cliffs Rd.			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP 	Gulf Breeze, FL 32561			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 			<input type="checkbox"/> Delete	
STREET ADDRESS 	628 Bay Cliffs Rd.			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP 	Gulf Breeze, FL 32561			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Michael T Bass</u>				Date: <u>4/24/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <u>850-437 5762</u>	