

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005190

FILED  
Aug 19, 2008  
Secretary of State

**Entity Name:** OAKS BY THE BAY HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1 GRAY OAKS LANE  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 913  
GULF BREEZE, FL 32562

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BLANKENSHIP, SUZANNE  
4300 BAYOU BLVD STE 13  
PENSACOLA, FL 32503 US

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: PST ( ) Delete  
Name: GRAY, ED III  
Address: 1 GRAY OAKS LANE  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: CANNON, KATHERINE G  
Address: 3 GRAY OAKS LANE  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: CANNON, JAMES A  
Address: 3 GRAY OAKS LANE  
City-St-Zip: GULF BREEZE, FL 32561

**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:

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: ED

PST

08/19/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date