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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02077 (8)

1. Corporation Name
THE BAY OAK VILLAS TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business
4224 SPANISH TRL PL
PENSACOLA FL 32504
US

Mailing Address
4224 SPANISH TRL PL
PENSACOLA FL 32504-8561
US

3. Date Incorporated or Qualified 03/09/1984
3a. Date of Last Report 04/26/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-2681634 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FLOWERS, MARGARET
4224 SPANISH TRL PL
PENSACOLA FL 32504

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Margaret Flowers Margaret Flowers, President 1-22-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE PD [] DELETE
NAME FLOWERS, MARGARET
STREET ADDRESS 4224 SPANISH TR. PLACE
CITY-ST-ZIP PENSACOLA FL 32504
TITLE VPD [] DELETE
NAME JOHNSON, SUSAN
STREET ADDRESS 4222 SPANISH TR. PLACE
CITY-ST-ZIP PENSACOLA FL 32504
TITLE SD [] DELETE
NAME PORPOTAGE, DORA
STREET ADDRESS 4232 SPANISH TR. PLACE
CITY-ST-ZIP PENSACOLA FL 32504
TITLE TD [X] DELETE
NAME OTERO, ELAINE
STREET ADDRESS 4237 SPANISH TR. PLACE
CITY-ST-ZIP PENSACOLA FL 32504
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [X] Change [] Addition
4.2 NAME TO Wilson, Robert
4.3 STREET ADDRESS 4233 Spanish Tr. Place
4.4 CITY-ST-ZIP Pensacola, FL 32504
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARGARET FLOWERS, President 1-22-97 904-476-8095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072745

CR2E037 (9/96)