

1-27-98 B-0810 -C
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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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 Mailing Address

4224 SPANISH TRL PL PENSACOLA FL 32504 US
 4224 SPANISH TRL PL PENSACOLA FL 32504 US

3. Date Incorporated or Qualified
03/09/1984

4. FEI Number Applied For
59-2681634 Not Applicable

21. Principal Place of Business
4233 Spanish Trail Place

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. Suite, Apt. #, etc.
 -

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. City & State
Pensacola, FL

7. Is this nonprofit corporation a homeowners association?
 Yes No

24. Zip Country
32504 US

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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 **Robert Wilson**
 82 Street Address (P.O. Box Number is Not Acceptable)
4233 Spanish Trail Place
 83
 84 City **Pensacola, FL** 85 Zip Code **32504**

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 **Robert Wilson, President** *Robert Wilson* DATE **1/20/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	FLOWERS, MARGARET	
STREET ADDRESS	4224 SPANISH TR. PLACE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VPD	
NAME	JOHNSON, SUSAN	
STREET ADDRESS	4222 SPANISH TR. PLACE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	SD	
NAME	PORPOTAGE, DORA	
STREET ADDRESS	4232 SPANISH TR. PLACE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	TD	
NAME	WILSON, ROBERT	
STREET ADDRESS	4233 SPANISH TR PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Wilson, Robert		
1.3 STREET ADDRESS	4233 Spanish Trail Place		
1.4 CITY-ST-ZIP	Pensacola, FL 32504		
2.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Wilson, Robert Mitchell, Joane		
2.3 STREET ADDRESS	4207 Spanish Trail Place		
2.4 CITY-ST-ZIP	Pensacola, FL 32504		
3.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Tharp, Jean		
3.3 STREET ADDRESS	4238 Spanish Trail Place		
3.4 CITY-ST-ZIP	Pensacola, FL 32504		
4.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Flowers, Margaret		
4.3 STREET ADDRESS	4224 Spanish Trail Place		
4.4 CITY-ST-ZIP	Pensacola, FL 32504		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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* **Margaret Flowers** 4224 Spanish Trail Pl Pensacola FL 32504
 SIGNATURE: *Robert Wilson* **Robert Wilson** 4233 Spanish Trail Pl Pensacola FL 32504
 DATE: **1/20/98** DAYTIME PHONE: **850-476-8095**

CR2E037 (10/97)