

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02077

1. Entity Name

THE BAY OAK VILLAS TOWNHOUSE ASSOCIATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90174 020 ****61.25

Principal Place of Business

Mailing Address

4233 SPANISH TRAIL PLACE
 PENSACOLA FL 32504
 US

4233 SPANISH TRAIL PLACE
 PENSACOLA FL 32504-8561
 US

2. Principal Place of Business

4207 Spanish Tr Pl

3. Mailing Address

4207 Spanish Tr Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pensacola FL

City & State

Pensacola, FL

4. FEI Number

59-2681634

Applied For

Not Applicable

Zip

32504

Country

USA

Zip

32504

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, ROBERT
 4233 SPANISH TRAIL PLACE
 PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name: Joane Mitchell
 Street Address (P.O. Box Number is Not Acceptable): 4207 Spanish Trail Place
 City: Pensacola FL Zip Code: 32504

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.

SIGNATURE: *Joane C. Mitchell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/00
 DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FLOWERS, MARGARET	
STREET ADDRESS	4224 SPANISH TR. PLACE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MITCHELL, JOANE	
STREET ADDRESS	4207 SPANISH TRAIL PLACE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THARP, JEAN	
STREET ADDRESS	4238 SPANISH TRAIL PLACE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILSON, ROBERT	
STREET ADDRESS	4233 SPANISH TR PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paige Funk	
STREET ADDRESS	4209 Spanish Trail Place	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitchell, Joane	
STREET ADDRESS	4207 Spanish Tr Pl	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Paige Funk
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

850.494.0224

Date

Daytime Phone #

CR2E037 (9/99)