


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90001 046 ****61.25

DOCUMENT # N02077	
1. Entity Name THE BAY OAK VILLAS TOWNHOUSE ASSOCIATION, INC.	

Principal Place of Business 4241 SPANISH TRAIL PLACE PENSACOLA, FL 32504 US	Mailing Address 4241 SPANISH TRAIL PLACE PENSACOLA, FL 32504 US
---	---

50063255



2. Principal Place of Business 4238 Spanish Trail Place	3. Mailing Address 4238 Spanish Trail Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08222005 Chg-NP CR2E037 (10/03)

City & State Pensacola, FL	City & State Pensacola, FL 32504
Zip 32504	Zip 32504
Country USA	Country USA

4. FEI Number 59-2681634	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent GARDNER ANN 4241 SPANISH TRAIL PLACE PENSACOLA, FL 32504	
7. Name and Address of New Registered Agent Name Jean A. Tharp Street Address (P.O. Box Number is Not Acceptable) 4238 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jean A. Tharp** *Jean A. Tharp* **8/22/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 7, 2005	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 NAME STREET ADDRESS CITY-ST-ZIP	PD GARDNER, ANN 4241 SPANISH TRAIL PLACE PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jean A. Tharp 4238 Spanish Trail Place, Pens. FL 32504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HENRY, PAMELA J 4236 SPANISH TRAIL PLACE PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARMSTRONG, CLEUE 4220 SPANISH TRAIL PLACE PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Linda Riggs 4239 Spanish Trail Place, Pens. FL 32504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer David Grice 4240 Spanish Trail Place, Pens. FL 32504 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **Pamela J. Henry** *Pamela J. Henry* **8/22/05** **H: (850) 474-4361**
Signature and typed or printed name of signing officer or director Date Daytime Phone # **W: (850) 262-6938**