

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02077

FILED
Jan 27, 2007
Secretary of State

Entity Name: THE BAY OAK VILLAS TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

4238 SPANISH TRAIL PLACE
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

4238 SPANISH TRAIL PLACE
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 59-2681634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THARP, JEAN A
4238 SPANISH TRAIL PLACE
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: THARP, JEAN A
Address: 4238 SPANISH TRAIL PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: SD () Delete
Name: HENRY, PAMELA J
Address: 4236 SPANISH TRAIL PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: VD () Delete
Name: RIGGS, LINDA
Address: 4239 SPANISH TRAIL PLACE
City-St-Zip: PENSACOLA, FL 32504

Title: TD () Delete
Name: GRICE, DAVID
Address: 4240 SPANISH TRAIL PLACE
City-St-Zip: PENSACOLA, FL 32504

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEAN A THARP

PD

01/27/2007

Electronic Signature of Signing Officer or Director

Date