

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02077

FILED  
Feb 15, 2008  
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: SD (X) Change ( ) Addition  
Name: WERNER, GWEN  
Address: 4237 SPANISH TRAIL PLACE  
City-St-Zip: PENSACOLA, FL 32504

Title: VD (X) Change ( ) Addition  
Name: CROSS, VICTOR  
Address: 4201 SPANISH TRAIL PLACE  
City-St-Zip: PENSACOLA, FL 32504

Title: TD (X) Change ( ) Addition  
Name: FLANNIGAN, LOUISE  
Address: 4209 SPANISH TRAIL PLACE  
City-St-Zip: PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify 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

02/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date