FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02832 (6)

1. Corporate Name

BAHAMAS WEST III OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
128 SOUTHFIELDS RD PANAMA CITY BEACH FL 32413	128 SOUTHFIELDS RD PANAMA CITY BEACH FL 32413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1984
3a. Date of Last Report: 11/21/1994
4. FEI Number: APPLIED FOR (54 - 3280063) ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

21	2. Principal Place of Business	26	2a. Mailing Address: 128-A South Fieldsrd
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State: Panama City Bch. Fl
24	Zip	29	Zip: 32413
25	County	30	County: Bay

9. Name and Address of Current Registered Agent

MARTIN, LISA J
128 A SOUTHFIELDS RD.
PANAMA CITY BEACH FL 32413

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE(S) (Typed or printed name of person signing) (If changing Registered Agent, Registered Agent must sign above) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
31 TITLE	PD	41 TITLE	☐ Change ☐ Addition
32 NAME	MCPHILLIPS, JOHN L	42 NAME	
33 STREET ADDRESS	71 PALM BEACH AVE.	43 STREET ADDRESS	
34 CITY-ST-ZIP	NARRAGANSETT RI 02882	44 CITY-ST-ZIP	
35 TITLE	VD	45 TITLE	☐ Change ☐ Addition
36 NAME	MARTIN, PATRICK H	46 NAME	
37 STREET ADDRESS	128 A SOUTHFIELDS RD.	47 STREET ADDRESS	
38 CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	48 CITY-ST-ZIP	
39 TITLE	VD	49 TITLE	☐ Change ☐ Addition
40 NAME	FUCHS, FRAN	50 NAME	
41 STREET ADDRESS	4838 HAPPY HOLLOW RD.	51 STREET ADDRESS	
42 CITY-ST-ZIP	ATLANTA GA 30360	52 CITY-ST-ZIP	
43 TITLE	STD	53 TITLE	☐ Change ☐ Addition
44 NAME	MARTIN, LISA J	54 NAME	
45 STREET ADDRESS	128 A SOUTHFIELDS RD.	55 STREET ADDRESS	
46 CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	56 CITY-ST-ZIP	
47 TITLE		57 TITLE	☐ Change ☐ Addition
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY-ST-ZIP		60 CITY-ST-ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Lisa J Martin 4-27-95 904-230-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002880