

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02832** (6)

1. Corporation Name

BAHAMAS WEST III OWNERS ASSOCIATION, INC.



Principal Place of Business 128 SOUTHFIELDS RD. PANAMA CITY BEACH FL 32413	Mailing Address 128-A SOUTH FIELDS RD PANAMA CITY BEACH FL 32413 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/01/1984	3a. Date of Last Report 05/01/1995
4. FEI Number 59-3280063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MARTIN, LISA J 128 A SOUTHFIELDS RD. PANAMA CITY BEACH FL 32413	
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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 Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	MCPHILLIPS, JOHN L	
STREET ADDRESS	71 PALM BEACH AVE.	
CITY - ST - ZIP	NARRAGANSETT RI 02882	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARTIN, PATRICK H	
STREET ADDRESS	128 A SOUTHFIELDS RD.	
CITY - ST - ZIP	PANAMA CITY BEACH FL 32413	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FUCHS, FRAN	
STREET ADDRESS	4838 HAPPY HOLLOW RD.	
CITY - ST - ZIP	ATLANTA GA 30360	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MARTIN, LISA J	
STREET ADDRESS	128 A SOUTHFIELDS RD.	
CITY - ST - ZIP	PANAMA CITY BEACH FL 32413	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VD	
2.2 NAME	Vice President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	Rick Jones	
2.4 CITY - ST - ZIP	150 Big Oak Dr Mayking, AL 35114	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Lisa J Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-96
Date

904-230-9999
Daytime Phone #

CR2E037 (3/96)