

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000003139

1. Entity Name
ST. JAMES BAY PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**160 LAUGHING GULL LN
CARRABELLE, FL 32322**

Mailing Address
**160 LAUGHING GULL LN
CARRABELLE, FL 32322**



04022008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1660680

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEWIS, STEVE
125 S GADSDEN ST, STE 300
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000885868
04/18/08-80031-008 70.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	RHEEL, DAVID
STREET ADDRESS	160 LAUGHING GULL LN
CITY - ST - ZIP	CARRABELLE, FL 32322
TITLE	CD
NAME	CLARK, EDDIE
STREET ADDRESS	8340 MEADOW RD SUITE 226
CITY - ST - ZIP	DALLAS, TX 75231
TITLE	S
NAME	BASS, KARLA
STREET ADDRESS	160 LAUGHING GULL LN
CITY - ST - ZIP	CARRABELLE, FL 32322
TITLE	PD
NAME	KLEIN, ROBERT
STREET ADDRESS	160 LAUGHING GULL LN
CITY - ST - ZIP	CARRABELLE, FL 32322
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT KLEIN

APRIL 3, 2008

Date

Daytime Phone #

697 9407