


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
---	---

DO NOT WRITE IN THIS SPACE



04022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 16-1660680	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 _____ (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 NAME STREET ADDRESS CITY - ST - ZIP	VD RHEEL, DAVID 160 LAUGHING GULL LN CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CLARK, EDDIE 8340 MEADOW RD SUITE 226 DALLAS, TX 75231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BASS, KARLA 160 LAUGHING GULL LN CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KLEIN, ROBERT 160 LAUGHING GULL LN 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: Robert Klein **ROBERT KLEIN** APRIL 3, 2008 697 9407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #