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Jun 02, 2008 8:00 am
Secretary of State
06-02-2008 90004 040 ****70.00

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000006140

1. Entity Name
BAY CLUB II VACATION CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ANGE POLLETT RESORT MANAGER 120 SANDESTIN BOULEVARD DESTIN, FL 32550	C/O ANGE POLLETT RESORT MANAGER 77 SEASCAPE BLVD DESTIN, FL 32550

40107061

03262008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/O Chrysse Langley	C/O Chrysse Langley
Street, Apt. #, etc. 120 Sandestin Boulevard	Street, Apt. #, etc. 77 Seascape Blvd.
City & State Destin, Florida	City & State Destin, Florida
Zip: 32550 Country: USA	Zip: 32550 Country: USA

4. FEI Number
20-0098230
☐ Applied For
☐ Not Applicable

5. Certification of States Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE

Filing Fee is $61.25 Due by May 1, 2008 $70.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POWLES, JEFF 5324 FAIRFIELD LAKE DR KISSIMMEE, FL 34746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Musselman, Jeff 8427 South Park Circle Orlando, FL 32819	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WALTERS, DAN 8427 SOUTH PARK CIR, STE 500 ORLANDO, FL 32819	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Theodore Corcoran 77 Seascape Boulevard Destin, FL 32550	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CLIFTON, GILBERTE C 119 POQUITO SHALIMAR, FL 32579	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Melton, Jeffery 77 Seascape Boulevard Destin, FL 32550	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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, title or other authorization.

SIGNATURE: _____
SIGNATURE, REQUIRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE