

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008473

FILED
Mar 07, 2004
Secretary of State**Entity Name:** BAYVIEW SUBDIVISION HOMEOWNERS, INC.**Current Principal Place of Business:**32 BEAL PARKWAY SW
FORT WALTON BEACH, FL 325485391**New Principal Place of Business:****Current Mailing Address:**32 BEAL PARKWAY SW
FORT WALTON BEACH, FL 325485391**New Mailing Address:****FEI Number:** 58-2680178**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DAY, GEORGE E
32 BEAL PARKWAY SW
FORT WALTON BEACH, FL 325485391**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DYESS, CHARLES
Address: 917 MIDDLE DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VD () Delete
Name: MURRAY, DONALD
Address: 917 MIDDLE DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: SD () Delete
Name: BAIN, BEVERLY
Address: 914 SE BEACHVIEW DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD () Delete
Name: BAIN, BILL
Address: 914 SE BEACHVIEW DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL BAIN

TD

03/07/2004

Electronic Signature of Signing Officer or Director

Date