2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001201

FILED Jul 15, 2009 Secretary of State

Entity Name: BAHAMA BEACH VILLAS OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

12908 FRONT BEACH ROAD PANAMA CITY, FL 32407 12908 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407

Current Mailing Address: New Mailing Address:

1440 RIVERSIDE DRIVE 990 RIVERSIDE DRIVE MACON, GA 31201 990 RIVERSIDE DRIVE MACON, GA 31201

FEI Number: 20-4450571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

APPLEBAUM, STEVEN L 9108 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407 US

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:

The strange Company of Designature of Assert

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: VP (X) Change () Addition Name: OVERHOLT, GERALD Name: OVERHOLT, GERALD Address: 1440 RIVERSIDE DRIVE Address: 13907 ST HWY 20 W

 Address:
 1440 RIVERSIDE DRIVE
 Address:
 13907 ST HWY 20 W

 City-St-Zip:
 MACON, GA 31201
 City-St-Zip:
 NICEVILE, FL 32578

Title: D () Delete Title: PRES (X) Change () Addition Name: FOLSOM, MIKI Name: FOLSOM, MIKI

 Address:
 990 RIVERSIDE DRIVE
 Address:
 990 RIVERSIDE DRIVE

 City-St-Zip:
 MACON, GA 31201
 City-St-Zip:
 MACON, GA 31201

Title: D () Delete Title: TREA (X) Change () Addition

Name: HOLLAND, BUCKY Name: PEKRUL, RONALD R Address: 4350 INTERSTATE DR Address: 101 MIDDLEBURG DR

City-St-Zip: MACON, GA 31210 City-St-Zip: PANAMA CITY BEACH, FL 32401

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 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: MIKI FOLSOM PRES 07/15/2009