
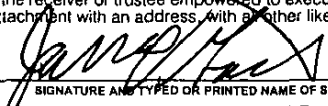


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90091 029 ****70.00

DOCUMENT # N05000002738					
1. Entity Name BAHIA AT BAYTOWNE WHARF CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9700 GRAND SANDESTIN BOULEVARD SANDESTIN, FL 32550-7268			Mailing Address P.O. BOX 9086 MIRAMAR BEACH, FL 32550 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03122007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 20-2855455	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GASTAUER, JIM 4512 SOUTHWINDS DRIVE MIRAMAR BEACH, FL 32550			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D NAME WELLS, MIKE STREET ADDRESS 9300 EMERALD COAST PARKWAY W CITY-ST-ZIP SANDESTIN, FL 32550	<input type="checkbox"/> Delete				
TITLE VP NAME THOMAS, KELLY STREET ADDRESS 5206 BEACH WALK DRIVE CITY-ST-ZIP MIRAMAR BEACH, FL 32550	<input type="checkbox"/> Delete				
TITLE PD NAME GASTAUER, JIM STREET ADDRESS 415 WHISPERING WIND LANE CITY-ST-ZIP ALPHARETTA, GA 30022	<input type="checkbox"/> Delete				
TITLE T NAME ASKEW, VANCE STREET ADDRESS 22 INDIAN BAYOU DRIVE CITY-ST-ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete				
TITLE S NAME GAVIN, JOSEPHINE STREET ADDRESS STARLIGHT MANAGEMENT LLC CITY-ST-ZIP MIRAMAR BEACH, FL 32550	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 another like empowered.					
SIGNATURE: 		JAMES C GASTAUER 4/25/2007		(850) 351-1020	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	