## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

Principal Place of Euslaness SAMDESTIN, FL 32550-7268  P. O. BOY 0866 MIRAMAR BEACH, FL 32550 US  Safe, Apt. 4, etc.  City & State  City & Sta	DOCUMENT # N0500002738  1. Entity Name BAHIA AT BAYTOWNE WHARF CONDOMINIUM ASSOCIATION, INC.				C	5-04-2007 90091	029 ****7	0.00	
Sulle, Apl. #, etc.    Sulle, Apl. #, etc.   Sulle, Apl. #, etc.   City & State	9700 GRAND SANDESTIN BOULEVARD P.O.		P.O. BOX 9086	P.O. BOX 9086		0/31/ 02/1/ 40/4 02/1/ 02/1/ 02/1	NAM I <b>CERE</b> MINI J <b>y</b> M		
City & State  City & State  City & State  Country  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Centificate of Status Desired  \$8.75 Additional Respective  \$8.75 Additional Respective  \$8.75 Additional Respective  To Remark Address of Current Registered Agent  Name  Annual Respect of Current Registered Agent  Name  Streat Address of New Registered Agent  To Remark Agent	Principal Place of Business - No P.O. Box # 3. I		3. Mailing Address						
Zip Country Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03122007 Ch	g-NP CR2E	037 (12/06)		
Second color	City & State		City & State			<del></del>	<del></del>	·	
As Table R. JIM  4512 SQUITHVIMINDS DRIVE MIRAMAR BEACH, FL 32550    City   FL   Zip Code	Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired 💢	\$8.75 Add	itional	
STREET ADDRESS OFFICERS AND DIRECTORS INTELLED OBelds INTEL STREET ADDRESS OFFI-ST-2P INTEL ST		-6. Name and Address of Current R	egistered Agent		7. Name and Add	ess of New Registered	Agent		
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 ternilliar with, and accept the obligations of registered agent.  SIGNATURE	GASTAUER, JIM 4512 SOUTHWINDS DRIVE								
SIGNATURE   Signature, hyper or printed name of registered agent and title it applicable. (NOTE: Registered Agent ispnaare received when retrizable)   DATE				City		F	L Zip Code	e	
Filling Fee Is \$61.25   Due by May 1, 2007   Selection Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees   Make check payable to Florida Department of State			the purpose of changing its	registered office or reg	istered agent, or both, in	the State of Florida. I ar	n familiar with,	and accept	
Trust Fund Contribution. Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   D		Signature, typed or printed name of registered agent ar	nd title II applicable. (NOTI	S. Charletoward & newstandards we con-					
TITLE NAME WELLS, MIKE 9300 EMERALD COAST PARKWAY W STREET ADDRESS CITY-ST-ZIP SANDESTIN, FL 32550 CITY-ST-ZIP THOMAS, KELLY STREET ADDRESS CITY-ST-ZIP MIRAMAR BEACH, FL 32550 CITY-ST-ZIP CITY-ST-ZIP MIRAMAR BEACH, FL 32550 CITY-ST-ZIP CITY-ST-ZI				Neglateleti Agent syrattire let	quired when reinstating)	DATE			
NAME STREET ADDRESS GTY-ST-ZIP SANDESTIN, FL 32550  TITLE VP THOMAS, KELLY STREET ADDRESS CTY-ST-ZIP MIRAMAR STREET ADDRESS CTY-ST-ZIP MIRAMAR BEACH, FL 32550  TITLE PD GASTAUER, JIM STREET ADDRESS CTY-ST-ZIP ALPHARETTA, GA 30022  TITLE NAME ASKEW, VANCE STREET ADDRESS STREET ADDRESS CTY-ST-ZIP TITLE STREET ADDRESS CTY-ST-ZIP TITLE STREET ADDRESS CTY-ST-ZIP TITLE T NAME ASKEW, VANCE 22 INDIAN BAYOU DRIVE DESTIN, FL 32541  TITLE S GAVIN, JOSEPHINE STREET ADDRESS STAFLIGHT MANAGEMENT LLC MAME STREET ADDRESS STAFLIGHT MANAGEMENT LLC STREET ADDRESS CTY-ST-ZIP TITLE S GAVIN, JOSEPHINE STREET ADDRESS STAFLIGHT MANAGEMENT LLC STREET ADDRESS CTY-ST-ZIP TITLE NAME STREET ADDRESS STAFLIGHT MANAGEMENT LLC STREET ADDRESS ST		_	9. Election Car	npaign Financing	\$5.00 May Be	Make che	ck payable to		
CITY-ST-ZIP   SANDESTIN, FL 32550	10.	Due by May 1, 2007 OFFICERS AND DIR	9. Election Car Trust Fund (	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make che Florida Dep	ck payable to artment of St DIRECTORS IN	ate 10	
NAME STREET ADDRESS CITY-ST-2IP MIRAMAR BEACH, FL 32550  TITLE PD GASTAUER, JIM AME STREET ADDRESS CITY-ST-2IP  TITLE PD GASTAUER, JIM AME STREET ADDRESS CITY-ST-2IP  TITLE NAME GASTAUER, JIM A15 WHISPERING WIND LANE CITY-ST-2IP  TITLE T Delete TITLE NAME ASKEW, VANCE STREET ADDRESS CITY-ST-2IP TITLE T STREET ADDRESS CITY-ST-2IP TITLE S TREET ADDRESS CITY-ST-2IP TITLE S TO Delete TITLE S TREET ADDRESS CITY-ST-2IP TITLE S TREET ADDRESS CITY-ST-2IP TITLE S TREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE S TREET ADDRESS STREET ADDRESS	TITLE NAME	OFFICERS AND DIRI D WELLS, MIKE	9. Election Car Trust Fund (	npaign Financing Contribution.   11.  TITLE NAME	\$5.00 May Be Added to Fees	Make che Florida Dep	ck payable to artment of St DIRECTORS IN	ate 10	
TITLE PD	TITLE NAME STREET ADDRESS	OFFICERS AND DIRIUM WELLS, MIKE 9300 EMERALD COAST PARKW.	9. Election Car Trust Fund (	npaign Financing Contribution.   11.  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make che Florida Dep	ck payable to artment of St DIRECTORS IN	ate 10	
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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 condition 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 condition is true and excurate and that my singular specific part is fined under only the condition.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007  OFFICERS AND DIRI  D WELLS, MIKE 9300 EMERALD COAST PARKW. SANDESTIN, FL 32550  VP THOMAS, KELLY 5206 BEACH WALK DRIVE MIRAMAR BEACH, FL 32550  PD GASTAUER, JIM 415 WHISPERING WIND LANE ALPHARETTA, GA 30022  T ASKEW, VANCE 22 INDIAN BAYOU DRIVE DESTIN, FL 32541  S GAVIN, JOSEPHINE STARLIGHT MANAGEMENT LLC	9. Election Car Trust Fund C  ECTORS  Delete  Delete  Delete  Delete	Inpaign Financing Contribution.  I1.  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make che Florida Dep	ck payable to artment of St DIRECTORS IN Change	10 Addition Addition	

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 a other like empowered.

AMES C GASTAUER 4/25/2007
ED NAME OF SIGNING OFFICER OF DIRECTOR

1020