



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90227 035 ****61.25

DOCUMENT # N05000002936 1. Entity Name BAYTOP SUBDIVISION, 1ST ADDITION HOMEOWNER'S ASSOCIATION, INC.																																																																																																																																									
Principal Place of Business 1600 EAST TEXAR DRIVE PENSACOLA, FL 32503			Mailing Address 1600 EAST TEXAR DRIVE PENSACOLA, FL 32503																																																																																																																																						
2. Principal Place of Business 4350 Montaigne Dr. Suite, Apt. #, etc.		3. Mailing Address 4350 Montaigne Dr. Suite, Apt. #, etc.		50016640 																																																																																																																																					
City & State Pensacola, FL.		City & State Pensacola, FL.		4. FEI Number 51-0559147																																																																																																																																					
Zip 32504		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent MATTHEWS, ESEL F JR 308 SOUTH JEFFERSON STREET PENSACOLA, FL 32502				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">STD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOLLEY, JANET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1600 EAST TEXAR DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PENSACOLA, FL 32503</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WHIBBS, JOHN P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3502 SILVERGATE WAY</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PENSACOLA, FL 32503</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WHIBBS, MARK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5651 PENSACOLA BLVD.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PENSACOLA, FL 32505</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">4350 Montaigne Dr.</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Pensacola, FL. 32504</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>6496A Scenic Hwy</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Pensacola, FL. 32583</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>6496C Scenic Hwy</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Pensacola, FL. 32504</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	STD	<input type="checkbox"/> Delete	NAME	HOLLEY, JANET		STREET ADDRESS	1600 EAST TEXAR DRIVE		CITY - ST - ZIP	PENSACOLA, FL 32503		TITLE	PD	<input type="checkbox"/> Delete	NAME	WHIBBS, JOHN P		STREET ADDRESS	3502 SILVERGATE WAY		CITY - ST - ZIP	PENSACOLA, FL 32503		TITLE	D	<input type="checkbox"/> Delete	NAME	WHIBBS, MARK		STREET ADDRESS	5651 PENSACOLA BLVD.		CITY - ST - ZIP	PENSACOLA, FL 32505		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	4350 Montaigne Dr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Pensacola, FL. 32504		STREET ADDRESS			CITY - ST - ZIP			TITLE	6496A Scenic Hwy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Pensacola, FL. 32583		STREET ADDRESS			CITY - ST - ZIP			TITLE	6496C Scenic Hwy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Pensacola, FL. 32504		STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete																																																																																																																																							
NAME	HOLLEY, JANET																																																																																																																																								
STREET ADDRESS	1600 EAST TEXAR DRIVE																																																																																																																																								
CITY - ST - ZIP	PENSACOLA, FL 32503																																																																																																																																								
TITLE	PD	<input type="checkbox"/> Delete																																																																																																																																							
NAME	WHIBBS, JOHN P																																																																																																																																								
STREET ADDRESS	3502 SILVERGATE WAY																																																																																																																																								
CITY - ST - ZIP	PENSACOLA, FL 32503																																																																																																																																								
TITLE	D	<input type="checkbox"/> Delete																																																																																																																																							
NAME	WHIBBS, MARK																																																																																																																																								
STREET ADDRESS	5651 PENSACOLA BLVD.																																																																																																																																								
CITY - ST - ZIP	PENSACOLA, FL 32505																																																																																																																																								
TITLE		<input type="checkbox"/> Delete																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Delete																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Delete																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
TITLE	4350 Montaigne Dr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME	Pensacola, FL. 32504																																																																																																																																								
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
TITLE	6496A Scenic Hwy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME	Pensacola, FL. 32583																																																																																																																																								
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
TITLE	6496C Scenic Hwy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME	Pensacola, FL. 32504																																																																																																																																								
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY - ST - ZIP																																																																																																																																									
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 all other like empowered.																																																																																																																																									
SIGNATURE: <u>Janet Holley</u> 4/23/06 850.554-3120 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									