

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004913

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** OLD BAY CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

988 AIRPORT RD  
DESTIN, FL 32541

**New Principal Place of Business:**

4400 HWY 20 EAST  
SUITE 313  
NICEVILLE, FL 32578

**Current Mailing Address:**

988 AIRPORT RD  
DESTIN, FL 32541

**New Mailing Address:**

P O BOX 5263  
NICEVILLE, FL 32578

**FEI Number:** 54-2178243

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BONEZZI, ROBERT A  
988 AIRPORT ROAD  
DESTIN, FL 32541 US

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

LANDSBERGER, DARLANE  
4400 HWY 20 EAST  
SUITE 313  
NICEVILLE, FL 32578 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:** DARLANE LANDSBERGER

04/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP ( ) Delete  
**Name:** BONEZZI, ROBERT A  
**Address:** 988 AIRPORT RD  
**City-St-Zip:** DESTIN, FL 32541

**Title:** DV ( ) Delete  
**Name:** GRAHAM, JILL R  
**Address:** 988 AIRPORT RD  
**City-St-Zip:** DESTIN, FL 32541

**Title:** DST (X) Delete  
**Name:** WILLINGHAM, MICHELE  
**Address:** 988 AIRPORT RD  
**City-St-Zip:** DESTIN, FL 32541

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PD (X) Change ( ) Addition  
**Name:** SURBER, SUSAN  
**Address:** 251 MATTIE M KELLY BLVD #305  
**City-St-Zip:** DESTIN, FL 32541

**Title:** VD (X) Change ( ) Addition  
**Name:** STALLWORTH, SEAN  
**Address:** 251 MATTIE M KELLY BLVD #304  
**City-St-Zip:** DESTIN, FL 32541

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

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:** SUSAN SURBER

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date