

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004189

FILED  
Mar 04, 2009  
Secretary of State

**Entity Name:** THE RESIDENCES AT ST. JAMES BAY, INC.

**Current Principal Place of Business:**

ONE EAGLES WAY  
CARRABELLE, FL 32322

**New Principal Place of Business:**

**Current Mailing Address:**

ONE EAGLES WAY  
CARRABELLE, FL 32322

**New Mailing Address:**

**FEI Number:** 20-4726558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LEWIS, STEVE  
125 S. GADSDEN ST., STE. 300  
TALLAHASSEE, FL 32301 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CLARK, EDDIE  
Address: 8340 MEADOW RD., STE. 226  
City-St-Zip: DALLAS, TX 75231

Title: D ( ) Delete  
Name: KLEIN, ROBERT  
Address: 160 LAUGHING GULL LANE  
City-St-Zip: CARRABELLE, FL 32322

Title: D ( ) Delete  
Name: WHITE, FREDA  
Address: 160 LAUGHING GULL LANE  
City-St-Zip: CARRABELLE, FL 32322

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

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

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

Title: D (X) Change ( ) Addition  
Name: BASS, AARON S  
Address: 160 LAUGHING GULL LANE  
City-St-Zip: CARRABELLE, FL 32322

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: ROBERT KLEIN

D

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date