2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010900

Entity Name: BAHAMA VILLAGE BUISNESS ASS. INC.

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

728 DUVAL ST 828 WHITE ST. 2ND FL. SUITE 3

KEY WEST, FL 33040 KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

728 DUVAL ST. 828 WHITE ST.

2ND FL. SUITE 3

KEY WEST, FL 33040 KEY WEST, FL 33040

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

SCHROEDER, JOSEPH J ZAHAV, JONATAN 1013 TRUMAN AVE. 828 WHITE ST.

KEY WEST, FL 33040 US SUITE 3
KEY WEST, FL 33040 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: JONATAN ZAHAV 04/23/2007

Electronic Signature of Registered Agent Date

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

Title: P () Delete Title: PD (X) Change () Addition

 Name:
 SCHROEDER, JOSEPH J
 Name:
 ZAHAV, JONATAN

 Address:
 1013 TRUMAN AVE.
 Address:
 828 WHITE ST. SUITE 3

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

Title: VP () Delete Title: VPD (X) Change () Addition

Name: SWEETING-SOMERSALL, MARCIA Name: WALTON, RUPERT
Address: 415 PETRONIA ST Address: 733 WHITEHEAD ST APT 2

 Address:
 415 PETRONIA ST.
 Address:
 733 WHITEHEAD ST. APT. 2

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

 $\label{eq:Title:Title:T,D} \mbox{Title:} \mbox{T,D} \mbox{() Delete} \mbox{Title:} \mbox{Title:} \mbox{T,D} \mbox{(X) Change () Addition}$

 Name:
 HOBCRAFT, ROBERT
 Name:
 HOBCRAFT, ROBERT

 Address:
 415 PETRONIA ST.
 Address:
 807 CATHERINE ST.

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf D,S} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 STAFFORD, VERONICA
 Name:
 STAFFORD, VERONICA

 Address:
 1107 THOMAS ST.
 Address:
 PO BOX 122

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040

Title: D () Delete Title: D (X) Change () Addition Name: ZAHAV, JON Name: SCHROEDER, JOSEPH J

 Address:
 529 WHITEHEAD ST.
 Address:
 1013 TRUMAN AVE.

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

Title: D () Delete Title: D (X) Change () Addition Name: THOMPSON, CHARLES Name: SWEETING SOMERSALL, MARCIA

 Address:
 1202 THOMPSON ST.
 Address:
 623 PETRONIA ST.

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH J. SCHROEDER D 04/23/2007