

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09120 (9)

1. Corporation Name

BAL ALEX ESTATES PROPERTY OWNER'S ASSOCIATION, N
ON-PROFIT, INC.



Principal Place of Business

Mailing Address

% EILEEN C DRAKE
4180 ALEXANDER AVE
GULF BREEZE FL 32561

% EILEEN C DRAKE
4180 ALEXANDER AVE
GULF BREEZE FL 32561

3. Date Incorporated or Qualified
05/07/1985

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2895018

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRAKE, EILEEN C
4180 ALEXANDER AVE
GULF BREEZE FL 32561

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME RICK GODWIN
STREET ADDRESS 1623 SCOTT CT.
CITY-ST-ZIP GULF BREEZE FL

TITLE VPD ☒ DELETE
NAME TOROK, ROCKY
STREET ADDRESS 4228 WILLIAM DRIVE
CITY-ST-ZIP GULF BREEZE FL

TITLE STD ☐ DELETE
NAME DRAKE, EILEEN C
STREET ADDRESS 4180 ALEXANDER AVE
CITY-ST-ZIP GULF BREEZE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME THOMAS BRANNON
1.3 STREET ADDRESS 4170 SANDY BLUFF DR, WEST
1.4 CITY-ST-ZIP GULF BREEZE, FL, 32561-2903

2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME HENRY WEYMANN
2.3 STREET ADDRESS 4216 SANDY BLUFF DR. EAST
2.4 CITY-ST-ZIP GULF BREEZE, FL, 32561-2903

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 32561-2903

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)