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FILED

Mar 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32561-2903**3. Date Incorporated or Qualified
05/07/19853a. Date of Last Report
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21**2a**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

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
BRANNON, THOMAS
STREET ADDRESS
4170 SANDY BLUFF DRIVE WEST
CITY-ST-ZIP
GULF BREEZE FL**1.1 TITLE **PD** ☒ Change ☐ Addition**1.2 NAME
ARMSTRONG, SHARON
1.3 STREET ADDRESS
1568 PHYLLIS COURT
1.4 CITY-ST-ZIP
GULF BREEZE, FLA**TITLE **VD** ☐ DELETE**NAME
WEYMAN, HENRY
STREET ADDRESS
4216 SANDY BLUFF DRIVE EAST
CITY-ST-ZIP
GULF BREEZE FL**2.1 TITLE **VD** ☒ Change ☐ Addition**2.2 NAME
WILLIARD, JOHN
2.3 STREET ADDRESS
1664 IVANOV DR.
2.4 CITY-ST-ZIP
GULF BREEZE, FLA 32561**TITLE **STD** ☐ DELETE**NAME
DRAKE, EILEEN C
STREET ADDRESS
4180 ALEXANDER AVE
CITY-ST-ZIP
GULF BREEZE FL**3.1 TITLE ☐ Change ☐ Addition**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**TITLE ☐ DELETE**NAME
STREET ADDRESS
CITY-ST-ZIP**4.1 TITLE ☐ Change ☐ Addition**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**TITLE ☐ DELETE**NAME
STREET ADDRESS
CITY-ST-ZIP**5.1 TITLE ☐ Change ☐ Addition**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**TITLE ☐ DELETE**NAME
STREET ADDRESS
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

EILEEN C DRAKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-25-97**

Date

Daytime Phone # **904-932-7125**

CR2E037 (9/96)