

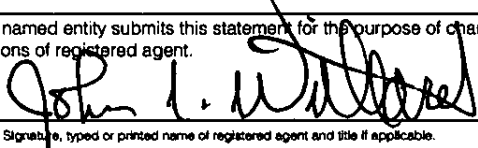


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90091 010 ****61.25

DOCUMENT # N09120 1. Entity Name BAL ALEX ESTATES PROPERTY OWNER'S ASSOCIATION, NON-PROFIT, INC.					
Principal Place of Business %MELANIE WAITE 4247 E SANDY BLUFF DR GULF BREEZE, FL 32563				Mailing Address %MELANIE WAITE 4247 E SANDY BLUFF DR GULF BREEZE, FL 32563	
2. Principal Place of Business JOHN WILLARD Suite, Apt. #, etc. 1669 NANCY DR		3. Mailing Address 1669 NANCY DR Suite, Apt. #, etc.			
City & State GULF BREEZE FL		City & State GULF BREEZE FL		4. FEI Number 59-2895018	
Zip 32563		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAITE, MELANIE 4247 E SANDY BLUFF DR GULF BREEZE, FL 32563				7. Name and Address of New Registered Agent Name JOHN WILLARD Street Address (P.O. Box Number is Not Acceptable) 1669 NANCY DR City GULF BREEZE FL Zip Code 32563	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/10/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLARD, JOHN 1669 NANCY DR. GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD WAITE, MELANIE 4247 E SANDY BLUFF DR GULF BREEZE, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOOD, CHARLES 1614 KEVIN CT. GULF BREEZE, FL 32563		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered: