2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2006
Secretary of State

DOCUMENT# N09120

Entity Name: BAL ALEX ESTATES PROPERTY OWNER'S ASSOCIATION, NON-PROFIT, INC.

Current Principal Place of Business:

JOHN WILLARD
1669 NANCY DR
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

JOHN WILLARD
1669 NANCY DR
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 59-2895018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLARD, JOHN
169 NANCY DR
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

WILLARD, JOHN
1669 NANCY DR
GULF BREEZE, FL 32563 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: _____ 04/09/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLARD, JOHN
Address: 1669 NANCY DR.
City-St-Zip: GULF BREEZE, FL 32563

Title: TSD (X) Delete
Name: WAITE, MELANIE
Address: 4247 E SANDY BLUFF DR
City-St-Zip: GULF BREEZE, FL 32563

Title: VPD (X) Delete
Name: WOOD, CHARLES
Address: 1614 KEVIN CT.
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILLARD, JOHN L
Address: 1669 NANCY DR.
City-St-Zip: GULF BREEZE, FL 32563

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

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

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: JOHN L WILLARD MR 04/09/2006
Electronic Signature of Signing Officer or Director — Date