


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # N14244
1. Entity Name
3318 BAHIA SOUTH OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
11434 NW 67 TERR 11434 NW 67 TERR
193 TURKEY CREEK 193 TURKEY CREEK
ALACHUA FL 32615-9571 ALACHUA FL 32615-9571
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

5. Name and Address of Current Registered Agent

TOMLINSON, T F
11434 NW 67 TERR
193 TURKEY CREEK
ALACHUA FL 32615

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	TOMLINSON, MARGARET A	
STREET ADDRESS	11434 NW 67 TERR	
CITY-ST-ZIP	ALACHUA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TOMLINSON, T F	
STREET ADDRESS	11434 NW 67 TERR	
CITY-ST-ZIP	ALACHUA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HICKMAN, JOHN S	
STREET ADDRESS	11430 NW 67 TERR	
CITY-ST-ZIP	ALACHUA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIFFORD, GEORGE	
STREET ADDRESS	11438 NW 67 TERR	
CITY-ST-ZIP	ALACHUA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: *[Signature]* Sec. 1/24/06 386-462-0039