


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N17293</b> 1. Entity Name BAGDAD VILLAGE PRESERVATION ASSOCIATION, INC.	
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Principal Place of Business ELAINE C WILLIS 6600 BAGDAD HIGHWAY MILTON, FL 32583	Mailing Address PO BOX 565 BAGDAD, FL 32530
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2837303	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WILLIS, ELAINE C 6600 BAGDAD HIGHWAY MILTON, FL 32583	<b>DO NOT WRITE IN THIS SPACE</b>
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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.	U00000578886 01/09/07-80047-008 61.25
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transacting)</small>	DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, ROBYN W 5556 MICHAEL DRIVE MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIS, ELAINE C 6600 BAGDAD HIGHWAY MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYLE, LISA 4556 FORSYTH STREET BAGDAD, FL 32530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KREBS, MARY 4545 FORSYTH STREET BAGDAD, FL 32530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JOHNSON, MICHAEL 4621 FORSYTH ST BAGDAD, FL 32530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Elaine C. Willis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1-4-07</u> Daytime Phone # <u>850-623-3288</u>