

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N20320

1. Entity Name
**BAY OAKS SUBDIVISION HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**333 CALHOUN AVENUE
DESTIN, FL 32541**

Mailing Address
**333 CALHOUN AVENUE
DESTIN, FL 32541**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2999248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ST. JOHN, HAROLD D. JR.
333 CALHOUN AVENUE
DESTIN, FL 32541**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ST. JOHN, HAROLD D. JR. 333 CALHOUN AVENUE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ST. JOHN, NANCY 333 CALHOUN AVENUE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNTER, KIRK BOY 412 BAY OAKS DESTIN, FL 32541
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/31/07-80007-025-61.25

**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: *Nancy St John* **NANCY ST JOHN** **1-25-07** **850-654-1013**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #