2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N20320

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

Principal Place of Business	Mailing Address
333 CALHOUN AVENUE DESTIN, FL 32541	333 CALHOUN AVENUE DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

05262008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2999248
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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.

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 September 12, 2008

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

U00000952430
06/04/08-80075-017 61.25

10. OFFICERS AND DIRECTORS

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

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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 G. St. John Nancy G. St. John 4/24/08 850-654-1013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #