

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20320

FILED
Jan 10, 2009
Secretary of State

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

Current Principal Place of Business:

333 CALHOUN AVENUE
DESTIN, FL 32541

New Principal Place of Business:

333 CALHOUN AVENUE
DESTIN, FL 32541 US

Current Mailing Address:

333 CALHOUN AVENUE
DESTIN, FL 32541

New Mailing Address:

333 CALHOUN AVENUE
DESTIN, FL 32541 US

FEI Number: 59-2999248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ST. JOHN, HAROLD D., JR.
Address: 333 CALHOUN AVENUE
City-St-Zip: DESTIN, FL 32541

Title: STD () Delete
Name: ST. JOHN, NANCY,
Address: 333 CALHOUN AVENUE
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: HUNTER, KIRK BOY,
Address: 412 BAY OAKS
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ST. JOHN, HAROLD D., JR.
Address: 333 CALHOUN AVENUE
City-St-Zip: DESTIN, FL 32541 US

Title: STD (X) Change () Addition
Name: ST. JOHN, NANCY,
Address: 333 CALHOUN AVENUE
City-St-Zip: DESTIN, FL 32541 US

Title: D (X) Change () Addition
Name: HUNTER, KIRK ROY,
Address: 412 BAY OAKS
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify 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: NANCY G. ST. JOHN

STD

01/10/2009

Electronic Signature of Signing Officer or Director

Date