## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 11, 2008 8:00 am Secretary of State

DOCUMENT # N26462  1. Entity Name BAY COUNTY MULTI-HOUSING ASSOCIATION, INC.								07-11-2008 90016 004 ****61.25					
P. O. BOX 16686 P. O				g Address BOX 16686 AMA CITY, FL 324	06				<b>i ilgig g</b> illi k		<u>گر</u> د الله الله د	NI MILI MEMPIL MIMIL MEN	Diffee on Foot
Principal Place of Business - No P.O. Box #     3. M			3. Mail	. Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				07082008	Chg-N	JP/	CR2E	037 (12/06)	
City & State			Cit	City & State				4. FEI Numb		DLE X			oplied For ot Applicable
Zip	Country		Zip	Zip (		Country		5. Certificate	of Status	Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registere	d Agent				7. Name and				l Agent	
SAVELLI.	LOUISE					Name	Dor	UN, 57	TEPH	lpn i	Ē		
SAVELLI, LOUISE 3913 PISA DRIVE PANAMA CITY, FL 32405					Street Address (P.O. Box Aumber is Not Acceptable)								
		• •				City /			<u> </u>			7.0	-
						. ' P	Panema City FL Zip Code						105
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 famillar with, and accept the obligations of registered agent.  SIGNATURE  SIgnatur, typed or printed name of registered agent and litle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
	Signator, typed o	or printed name of registered agent	t and litle if app	licable. (NOT	E: Registere	d Agent signature	e required	when reinstating)			DATE		
D	Filing Fed	or printed name of registered agent B is \$61.25 tember 12, 2008	t and little if app	9. Election Car Trust Fund (	npaign F	inancing		\$5.00 May E Added to Fees			lake che	ck payable t	
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12. Thereby certify that the information supplied with this filling 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 chapter is a supplemental supplemental supplemental supplemental supplemental supplemental supplemental report is true and accurate and that my name appears in Block 10 or Block 11 if the supplemental supplemental supplemental supplemental supplemental report is true and accurate and that my name appears in Block 10 or Block 11 if the supplemental supplemental supplemental supplemental supplemental supplemental supplemental supplemental 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 supplemental supplemental supplemental report is true and accurate and that my name appears in Block 10 or Block 11 if the supplemental supplemental

0-1-31001		
SIGNATURE: Beverly Bushon Treasurer	7-8-08	850-763-5914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #