

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90312 046 \*\*\*\*61.25

**DOCUMENT # N37556**



1. Entity Name  
**BAY BRIDGE LANDING HOMEOWNER'S ASSOCIATION OF WALTON COUNTY, INC.**

Principal Place of Business  
 472 CAPTAINS CIR.  
 DESTIN, FL 32541 US

Mailing Address  
 P.O. BOX 6580  
 DESTIN, FL 32550 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
 59-3004787

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GEORGE LUDINGTON**  
 477 CALPTAINS CR.  
 DESTIN, FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PDT  
 NAME: SHARP, ANNIE  Delete  
 STREET ADDRESS: 627 BAYSHORE DR  
 CITY-ST-ZIP: DESTIN, FL 32550

TITLE: **PO**  
 NAME: **Westerman, Donald**  Change  Addition  
 STREET ADDRESS: **58 Chase Run**  
 CITY-ST-ZIP: **Destin, FL 32550**

TITLE: VP  Delete  
 NAME: FAIRWEATHER, ELIZABETH  
 STREET ADDRESS: 80 BAYWALK CT.  
 CITY-ST-ZIP: DESTIN, FL 32550

TITLE: **PO**  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: ST  Delete  
 NAME: DAVENPORT, LARRY  
 STREET ADDRESS: 673 BAYSHORE DR.  
 CITY-ST-ZIP: DESTIN, FL 32550

TITLE: **VPB**  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: D  Delete  
 NAME: BACHMAN, BONNIE  
 STREET ADDRESS: 105 DARROW DR.  
 CITY-ST-ZIP: DESTIN, FL 32550

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: D  Delete  
 NAME: TAYLOR, JAMES  
 STREET ADDRESS: 701 BAYSHORE DR.  
 CITY-ST-ZIP: MIRAMAR BEACH, FL 32550

TITLE: **STB**  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: D  Delete  
 NAME: CAMPBELL, BECKY  
 STREET ADDRESS: 146 CHASE RUN  
 CITY-ST-ZIP: DESTIN, FL 32550

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/16/05** 850-262-0032  
 Daytime Phone #