2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37556

Apr 03, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

477 CAPTAINS CR DESTIN, FL 32541 US

Current Mailing Address: New Mailing Address:

P.O. BOX 6580 P.O. BOX 6580

MIRAMAR BEACH, FL 32550 DESTIN, FL 32550 US US

FEI Number: 59-3004787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LUDINGTON, GEORGE 477 CAPTAINS CR. DESTIN, FL 32541

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

ROBERTSON, PATRICIA MARTIN, AMANDA Name: Name: 195 CHASE RUN Address: 70 BAYWALK CT Address:

City-St-Zip: DESTIN, FL 32550 City-St-Zip: DMIRAMAR BEACH, FL 32550

Title: () Delete Title: (X) Change () Addition

MATHEWS, RON Name: PARRIS, PATRICIA Name: Address: 51 ALEX CT Address: 71 DARROW CT

City-St-Zip: DESTIN, FL 32550 City-St-Zip: MIRAMAR BEACH, FL 32550

Title: (X) Delete Title: () Change () Addition

MATTSON, TED Name: Name: 118 CHASE RUN Address: Address: City-St-Zip: DESTIN, FL 32550 City-St-Zip:

Title: () Delete Title: () Change () Addition

BRADFORD, ALLEN Name: Name: Address: **POB 944** Address: City-St-Zip: BLACK MOUNTAIN, NC 28711 City-St-Zip:

Title: STD () Delete Title: SD (X) Change () Addition

TAYLOR, JAMES TAYLOR, JAMES Name: Name: 701 BAYSHORE DR. 701 BAYSHORE DR. Address: Address: MIRAMAR BEACH, FL 32550 MIRAMAR BEACH, FL 32550 City-St-Zip: City-St-Zip:

Title: () Delete Title: (X) Change () Addition

CAMPBELL, BECKY DAVENPORT, LARRY Name: Name: Address: 146 CHASE RUN Address: 146 CHASE RUN DESTIN, FL 32550 City-St-Zip: DESTIN, FL 32550 City-St-Zip:

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: AMANDA MARTIN PD 04/03/2009