

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
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**95 MAY -1 PM 12:13**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # N46697 (1)**  
1. Corporation Name  
**BAYBRIDGE VILLAS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business: **6701 PENSACOLA BLVD PENSACOLA FL 32505**  
Mailing Address: **6701 PENSACOLA BLVD PENSACOLA FL 32505**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/02/1992**  
3a. Date of Last Report: **03/24/1994**  
4. FEI Number: **59-3150604**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 John T. Dunn**  
Suite, Apt. #, etc.: **Suite, Apt. #, etc.**  
City & State: **22 19 Baybridge Drive Gulf Breeze, Florida**  
Zip: **24 32561** Country: **25 U.S.A.**  
2a. Mailing Address: **26 John T. Dunn**  
Suite, Apt. #, etc.: **Suite, Apt. #, etc.**  
City & State: **27 26 Baybridge Drive Gulf Breeze, Florida**  
Zip: **29 32561** Country: **30 U.S.A.**

9. Name and Address of Current Registered Agent:  
**DUNN, JOHN T.  
80 BAYBRIDGE  
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent:  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	HIGHTOWER, DOUGLAS
STREET ADDRESS	48 BAYBRIDGE
CITY - ST - ZIP	GULF BREEZE FL
TITLE	DV
NAME	DUNN, JOHN T
STREET ADDRESS	80 BAYBRIDGE
CITY - ST - ZIP	GULF BREEZE FL
TITLE	DST
NAME	LOCKWOOD, RICHARD A
STREET ADDRESS	6701 PENSACOLA BLVD.
CITY - ST - ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>700001490287</b>
13 STREET ADDRESS	<b>-05/17/95--01032--013</b>
14 CITY - ST - ZIP	<b>****130.00 ****130.00</b>
21 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Dunn, John T.
23 STREET ADDRESS	26 Baybridge Drive
24 CITY - ST - ZIP	Gulf Breeze, Florida 32561
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DELETE
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Don C. Feeser
43 STREET ADDRESS	111 E. Garden Street
44 CITY - ST - ZIP	Pensacola, FL 32501
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John T. Dunn John T. Dunn 4/24/95 904 477-2944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date (Include Hours)