

FILING FEE IS \$61.25

FILED
Feb 01, 1999 8:00am
Secretary of State

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-01-1999 90037 049 *****61.25

DOCUMENT # N46697

1. Corporation Name
BAYBRIDGE VILLAS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business DOUGLAS W. HIGHTOWER 48 BAYBRIDGE DR. GULF BREEZE FL 32561 US	Mailing Address DOUGLAS W. HIGHTOWER 48 BAYBRIDGE DR. GULF BREEZE FL 32561 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/02/1992
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3150604
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HIGHTOWER, DOUGLAS W. 48 BAYBRIDGE DR. GULF BREEZE FL 32561		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP HIGHTOWER, DOUGLAS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	48 BAYBRIDGE	1.2 NAME	
STREET ADDRESS	GULF BREEZE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV FEEGER, PENNY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	30 BAYBRIDGE DR.	2.2 NAME	
STREET ADDRESS	GULF BREEZE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D FEESER, DON C	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	111 E. GARDEN ST.	3.2 NAME	
STREET ADDRESS	PENSACOLA FL 32501	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: _____ **REQUIRED** **01/14/99** **(950) 478-0909**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)