

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/2/2004-90060-021-\$61.25-\$61.25

DOCUMENT # N46697

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



FILED

04 JUN 16 PM 4:39

Principal Place of Business Mailing Address
DOUGLAS W. HIGHTOWER Don Feeser DOUGLAS W. HIGHTOWER Don Feeser
5075 CARPENTER CREEK DR. P.O. Box 694 5075 CARPENTER CREEK DR. P.O. Box 694
PENSACOLA, FL 32503 US Gulf Breeze, FL 32562 PENSACOLA, FL 32503 US Gulf Breeze, FL 32562



02052004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3150604 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGHTOWER, DOUGLAS W. Don C. Feeser
5075 CARPENTER CREEK DR. P.O. Box 694 1421 N. Pace Blvd.
PENSACOLA, FL 32503 Gulf Breeze, FL Pensacola, FL
32562 32505

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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: *Don C. Feeser, Pres.* Don C. Feeser DATE: 3-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIGHTOWER, DOUGLAS W. Don Feeser 5075 CARPENTER CREEK DR. P.O. Box 694 1421 N. Pace Blvd. PENSACOLA, FL 32503 Gulf Breeze, FL 32562 Pensacola, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FEEGER, PENNY 30 BAYBRIDGE DR. GULF BREEZE, FL 32562
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEESER, DON C. 111 E GARDEN ST. 1421 N. Pace Blvd. PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Don C. Feeser, Pres.* Don C. Feeser, Pres. DATE: 3-22-04 DAYTIME PHONE #: 850-933-1610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR