


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

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90389 014 \*\*\*\*70.00

<b>DOCUMENT # N46697</b>	
1. Entity Name BAYBRIDGE VILLAS HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business DON FEESER <i>Feeser</i> P.O. BOX 694 GULF BREEZE, FL 32562 US	Mailing Address DON FEESER <i>Feeser</i> P.O. BOX 694 GULF BREEZE, FL 32562 US
---	---

**DO NOT WRITE IN THIS SPACE**



01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3150604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FEESER, DON C  
 4421 N PACE BLVD 1237  
 PENSACOLA, FL 32505

**DO NOT WRITE IN THIS SPACE**

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 Feeser* DATE: 2-3-05

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

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

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 FEESER, DON 4421 N PACE BLVD 1237 PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FEEGER, PENNY 30 BAYBRIDGE DR. GULF BREEZE, FL 32564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEESER, DON C 4421 N PACE BLVD 1237 PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 Feeser* DATE: 2-3-05 DAYTIME PHONE: 850-932-1610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR