2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46697

FILED Jan 15, 2007 Secretary of State

Entity Name: BAYBRIDGE VILLAS HOMEOWNERS' ASSOCIATION, INC.

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

DON FEESER
P.O. BOX 694

JOEL BALISTRERI
26 BAYBRIDGE DRIVE

GULF BREEZE, FL 32562 US GULF BREEZE, FL 32561 US

Current Mailing Address: New Mailing Address:

DON FEESER 26 BAYBRIDGE DRIVE

P.O. BOX 694 GULF BREEZE, FL 32561 US

GULF BREEZE, FL 32562 US

FEI Number: 59-3150604 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:

FEESER, DON C
BALISTRERI, JOEL M
1237 N PACE BLVD
26 BAYBRIDGE DRIVE

PENSACOLA, FL 32505 US GULF BREEZE, FL 32561 US

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: JOEL BALISTRERI 01/15/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: FEESER, DON Name: BALISTRERI, JOEL M

Address: 1237 N PACE BLVD Address: 26 BAYBRIDGE DRIVE
City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: GULF BREEZE, FL 32561

Title: DV () Delete Title: DT (X) Change () Addition Name: FEEGER, PENNY Name: BALISTRERI, ROBIN R

Address: 1237 N PACE BLVD Address: 26 BAYBRIDGE DRIVE
City-St-Zip: GULF BREEZE, FL 32562 City-St-Zip: GULF BREEZE, FL 32561

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 FEESER, DON C
 Name:
 BALISTRERI, JOEL M

 Address:
 1237 N PACE BLVD
 Address:
 26 BAYBRIDGE DRIVE

 City-St-Zip:
 PENSACOLA, FL 32505
 City-St-Zip:
 GULF BREEZE, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the 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: JOEL BALISTRERI DP 01/15/2007