

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 19, 2009  
Secretary of State**

DOCUMENT# N46697

Entity Name: BAYBRIDGE VILLAS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

26 BAYBRIDGE DRIVE  
GULF BREEZE, FL 32561 US

**New Principal Place of Business:**

**Current Mailing Address:**

26 BAYBRIDGE DRIVE  
GULF BREEZE, FL 32561 US

**New Mailing Address:**

FEI Number: 59-3150604      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BALISTRERI, JOEL M  
26 BAYBRIDGE DRIVE  
GULF BREEZE, FL 32561 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BALISTRERI, JOEL M  
Address: 26 BAYBRIDGE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: DT ( ) Delete  
Name: BALISTRERI, ROBIN R  
Address: 26 BAYBRIDGE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: BALISTRERI, JOEL M  
Address: 26 BAYBRIDGE DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DT

01/19/2009

\_\_\_\_\_  
Date