2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001121

FILED Apr 18, 2005 Secretary of State

Entity Name: BAHIA OAKS MOBILE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5911 S W 61ST PLACE 5640 SW 64TH STREET ROAD OCALA, FL 34474 OCALA, FL 34474 **Current Mailing Address: New Mailing Address:** P O BOX 771693 OCALA, FL 34477693 US FEI Number: 59-3371761 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: TAYLOR, JAMES ELLIS, LEE 5911 S W 61ST PLACE 5640 SW 64TH STREET ROAD OCALA, FL 34474 OCALA, FL 34474 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: LEE ELLIS 04/18/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition TAYLOR, JAMES ELLIS, LEE Name: Name: 5911 SW 61ST PLACE Address: 5640 SW 64TH STREET ROAD Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34474 Title: () Delete Title: () Change () Addition BREWSTER, FRED Name: Name: Address: 5831 SW 64TH STREET ROAD Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: () Delete Title: () Change () Addition TULLI, RALPH Name: Name: 5801 SW 61ST PL Address: Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: () Delete Title: () Change () Addition CHAFFEY, NANCY J Name: Name: 5831 SW 63RD STREET Address: Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: Title: () Delete Title: (X) Change () Addition MCKAY, NORMAN LAPATI, CARMINE Name: Name: 5831 SW 61ST PLACE 5620 SW 64TH STREET ROAD Address: Address: City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34474 Title: () Delete Title: () Change () Addition KIEFER, SCOTT

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

Name:

Address:

City-St-Zip:

SIGNATURE: NANCY J CHAFFEY S/T 04/18/2005

Name:

Address:

City-St-Zip:

5871 SW 63RD LANE ROAD

OCALA, FL 34474