## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000001121

FILED Apr 28, 2008 Secretary of State

Entity Name: BAHIA OAKS MOBILE HOMEOWNERS ASSOCIATION, INC.

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

5640 SW 64TH STREET ROAD OCALA, FL 34474 US

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:

ELLIS, LEE NIEHAUS, DORA 5640 SW 64TH STREET ROAD 6410 SW 59TH CT. OCALA, FL 34474 US OCALA, FL 34474 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: DORA NIEHAUS 04/28/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

Name: ELLIS, LEE Name: KIEFFER, SCOTT

 Address:
 5640 SW 64TH STREET ROAD
 Address:
 5871 SW 63RD LANE ROAD

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:
 OCALA, FL 34474

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 SEBRING, PHILIP
 Name:
 LEIGHTON, GERALDINE

 Address:
 5631 64TH ST RD
 Address:
 5731 SW 61ST PLACE

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:
 OCALA, FL 34474

Title: S () Delete Title: S (X) Change () Addition
Name: KIEFER, SCOTT Name: HUNSINGER, TERRY
Address: 5971 SW 63RD LN RD

 Address:
 5871 SW 63RD LN RD
 Address:
 5811 SW 63RD PL RD

 City-St-Zip:
 OCALA, FL 34474
 City-St-Zip:
 OCALA, FL 34474

Title: ( ) Delete Title: T ( ) Change (X) Addition

 Name:
 Name:
 NIEHAUS, DORA

 Address:
 Address:
 6410 SW 59TH CT

 City-St-Zip:
 City-St-Zip:
 OCALA, FL
 34474

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: DORA NIEHAUS T 04/28/2008