

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723511 (2)
1. Corporation Name

DE LA BAHIA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 2600 S. KANNER HWY. CLUBHOUSE STUART FL. 34994
Mailing Address: 2600 S. KANNER HWY. CLUBHOUSE STUART FL. 34994

3. Date Incorporated or Qualified: 05/25/1972
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1441538	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARNER, BETTY P.
2600 S. KANNER HWY., #V-3
~~APARTMENT G-12~~
STUART FL 34994

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	delete Apartment G-12
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD
NAME	BROWN, DAWSON L.	1.2 NAME	BARRATT, SAMUEL E.
STREET ADDRESS	2600 S. KANNER HWY., #W-5	1.3 STREET ADDRESS	2600 S. Kanner Hwy., #K-4
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	VPD	2.1 TITLE	
NAME	O'HARA, ROBERT A.	2.2 NAME	
STREET ADDRESS	2600 S. KANNER HWY., #Q-10	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	KESSEL, CHRISTIAN F.	3.2 NAME	
STREET ADDRESS	2600 S. KANNER HWY., #V-5	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	WARNER, BETTY P.	4.2 NAME	
STREET ADDRESS	2600 S. KANNER HWY., #V-3	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	VAIANA, JOSEPH	5.2 NAME	
STREET ADDRESS	2600 S. KANNER HWY., #F-1	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty P. Warner* 4-12-96 (407) 283-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)