

FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723511 (2)**  
1. Corporation Name  
**DE LA BAHIA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>2600 S. KANNER HWY. CLUBHOUSE STUART FL. 34994</b>	Mailing Address <b>2600 S. KANNER HWY. CLUBHOUSE STUART FL. 34994-4640</b>
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3. Date Incorporated or Qualified <b>05/25/1972</b>	3a. Date of Last Report <b>04/17/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

4. FEI Number <b>59-1441538</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 \_\_\_\_\_ DATE **4/21/97**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>SAMUEL E BARRATT</b>
STREET ADDRESS	<b>2600 S KANNER HWY, #K-4</b>
CITY-ST-ZIP	<b>STUART FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>KESSEL, CHRISTIAN F.</b>
STREET ADDRESS	<b>2600 S. KANNER HWY., #V-5</b>
CITY-ST-ZIP	<b>STUART FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>WARNER, BETTY P.</b>
STREET ADDRESS	<b>2600 S. KANNER HWY., #V-3</b>
CITY-ST-ZIP	<b>STUART FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>VAIANA, JOSEPH</b>
STREET ADDRESS	<b>2600 S. KANNER HWY., #F-1</b>
CITY-ST-ZIP	<b>STUART FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>PD BROWN, DAWSON L.</b>
5.3 STREET ADDRESS	<b>2600 S. Kanner Hwy., #W-5</b>
5.4 CITY-ST-ZIP	<b>Stuart, FL 34994</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D ISQUITH, GEORGE</b>
6.3 STREET ADDRESS	<b>2600 S. Kanner Hwy., #W-7</b>
6.4 CITY-ST-ZIP	<b>Stuart, FL 34994</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_ DATE **4-21-97 (S) 702 1944**

CR2E037 (9/96)