

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 29 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 2600 S. KANNER HWY. CLUBHOUSE STUART FL 34994		Mailing Address 2600 S. KANNER HWY. CLUBHOUSE STUART FL 34994	
21. Principal Place of Business	22. Suite, Apt. #, etc.	2a. Mailing Address	2b. Suite, Apt. #, etc.
23. City & State	24. Zip	25. Country	26. City & State
27. Zip	28. Country	29. Zip	30. Country

3. Date Incorporated or Qualified 05/25/1972
4. FEI Number 59-1441538
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WARNER, BETTY P.
2600 S KANNER HWY, #V-3
STUART FL 34994**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMUEL E BARRATT	1.2 NAME	Hazel Rohan
STREET ADDRESS	2600 S KANNER HWY, #K-4	1.3 STREET ADDRESS	2600 S. Kanner Hwy., #S-10
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KESSEL, CHRISTIAN F.	2.2 NAME	Sheila Evans
STREET ADDRESS	2600 S. KANNER HWY., #V-5	2.3 STREET ADDRESS	2600 S. Kanner Hwy., #S-4
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARNER, BETTY P.	3.2 NAME	Aaron E. Maupin
STREET ADDRESS	2600 S. KANNER HWY., #V-3	3.3 STREET ADDRESS	2600 S. Kanner Hwy., #G-1
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, DAWSON L	4.2 NAME	Thomas Lefferman
STREET ADDRESS	2600 S. KANNER HWY., #W-5	4.3 STREET ADDRESS	2600 S. Kanner Hwy., #V-2
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISOUTH, GEORGE	5.2 NAME	
STREET ADDRESS	2600 S. KANNER HWY., #W-7	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* 4/22/98 283-1844 (1561)

CR2E037 (10/97)