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Apr 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723511
 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/25/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1441538
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FRIEDLEY, ELEANOR R. 82 Street Address (P.O. Box Number is Not Acceptable) 2600 S. Kanner Hwy., #Y-2 83 84 City Stuart FL 85 Zip Code 34994
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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: *Eleanor R. Friedley* Eleanor R. Friedley, Secretary 4/12/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROHAN, HAZEL 2600 S. KANNER HWY #S-10 STUART FL 34994 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVANS, SHEILA 2600 S. KANNER HWY #S-4 STUART FL 34994 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WARNER, BETTY P. 2600 S. KANNER HWY., #V-3 STUART FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Friedley, Eleanor R. 2600 S. Kanner Hwy., #Y-2 Stuart, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, DAWSON L 2600 S. KANNER HWY., #W-5 STUART FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Thomas Lefferman 2600 S. Kanner Hwy., #V-2 Stuart, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISQUITH, GEORGE 2600 S. KANNER HWY., #W-7 STUART FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAUPIN, AARON E. 2600 S. KANNER HWY #G-1 STUART FL 34994 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Rosemary Gehm 2600 S. Kanner Hwy., #X-7 Stuart, FL 34994 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Hazel B. Rohan* HAZEL B. ROHAN, Pres., 4/12/99 (561)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 283-1844

CR2E037 (1/98)