2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723511

1. Entity Name

DE LA BAHIA CONDOMINIUM ASSOCIATION, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90322 027 ****61.25

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

099141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1441538 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRIEDLEY, ELEANOR R 2600 S. KANNER HWY. #Y-2 STUART FL 34994	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	DAVID WROTEN ☐ Change ☑ Addition
NAME	ROHAN, HAZEL	NAME	2600 S. Kanner Hwy, S-12
STREET ADDRESS	2600 S. KANNER HWY #S-10	STREET ADDRESS	Stuart, FL 34994
CITY-ST-ZIP	STUART FL 34994	CITY-ST-ZIP	D
TITLE	TD ☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME	EVANS, SHEILA	NAME	KARL Thornes
STREET ADDRESS	2600 S. KANNER HWY #S-4	STREET ADDRESS	2600 S. Kanner Hwy,
CITY-ST-ZIP	STUART FL 34994	CITY-ST-ZIP	Stuart, FL 34994
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRIEDLEY, ELEANOR R	NAME	
STREET ADDRESS	2600 S. KANNER HWY., #Y-2	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	CITY-ST-ZIP	
TITLE	PD ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	BROWN, DAWSON L	NAME	
STREET ADDRESS	2600 S. KANNER HWY., #W-5	STREET ADDRESS	
CITY-ST-ZIP	STUART FL	CITY-ST-ZIP	
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	ISQUITH, GEORGE	NAME	
STREET ADDRESS	2600 S. KANNER HWY., #W-7	STREET ADDRESS	
CITY-ST-ZIP	STUART FL	CITY-ST-ZIP	
TITLE	D ☑ Delete	TITLE	☐ Change ☐ Addition
NAME	MAUPIN, AARON E.	NAME	
STREET ADDRESS	2600 S. KANNER HWY #G-1	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	CITY-ST-ZIP	

CRPF037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 3/29/00 — 561-283-1844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #