

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90010 044 \*\*\*\*61.25

**DOCUMENT # 723511**

1. Entity Name

**DE LA BAHIA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2600 S. KANNER HWY. CLUBHOUSE  
 STUART FL 34994

2600 S. KANNER HWY. CLUBHOUSE  
 STUART FL 34994

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



DO NOT WRITE IN THIS SPACE

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: **Sheila Evans**  
 Street Address (P.O. Box Number is Not Acceptable): **2600 South Kanner Hwy**  
**S-11**  
 City: **Stuart** FL Zip Code: **34994**

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 *Sheila Evans Secretary/Treasurer*

*3/26/01*

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROHAN, HAZEL	
STREET ADDRESS	2800 S. KANNER HWY #S-10	
CITY-ST-ZIP	STUART FL 34994	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EVANS, SHEILA	
STREET ADDRESS	2600 S. KANNER HWY #S-4	
CITY-ST-ZIP	STUART FL 34994	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FRIEDLEY, ELEANOR R	
STREET ADDRESS	2600 S. KANNER HWY., #Y-2	
CITY-ST-ZIP	STUART FL 34994	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WROTEN, DAVID	
STREET ADDRESS	2800 S. KANNER HWY., #W-5	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THONNES, KARL	
STREET ADDRESS	2800 S KANNER HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	Director	<input checked="" type="checkbox"/> Addition <input type="checkbox"/> Delete
NAME	Dorr Johnson	
STREET ADDRESS	2600 S. Kanner Hwy. 2-6	
CITY-ST-ZIP	STUART FL 34994	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheila Evans	
STREET ADDRESS	2600 S. Kanner Hwy #S-11	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bul Vailier	
STREET ADDRESS	2600 S. Kanner Hwy #S-01	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Maupin	
STREET ADDRESS	2600 S. Kanner Hwy #G-01	
CITY-ST-ZIP	Stuart, FL 34994	

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: *Sheila M. Evans Secretary* **Sheila M. EVANS** *2/26/01* **561 464606**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)