

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90048 016 \*\*\*\*61.25

**DOCUMENT # 723511**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

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

**BROWN, DAWSON**  
2600 SOUTH KANNER HWY  
W-05  
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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE **D**  Delete  
NAME **THONNES, KARL**  
STREET ADDRESS **2600 SO KANNER HWY, M-11**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **Director**  Change  Addition  
NAME **Robert + Madan**  
STREET ADDRESS **2600 s. Kanner Hwy V-12**  
CITY-ST-ZIP **Stuart, FL 34994**

TITLE **TD**  Delete  
NAME **EKSTROM, JOHN**  
STREET ADDRESS **2600 SO KANNER, P01**  
CITY-ST-ZIP **STUART FL 34994**

TITLE **Secretary**  Change  Addition  
NAME **Marie O'Connor**  
STREET ADDRESS **2600 S. Kanner Hwy P-6**  
CITY-ST-ZIP **Stuart, FL 34994**

TITLE **VD**  Delete  
NAME **ISQUITH, GEORGE**  
STREET ADDRESS **2600 S. KANNER HWY W-7**  
CITY-ST-ZIP **STUART FL 34994**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**  Delete  
NAME **BROWN, DAWSON**  
STREET ADDRESS **2600 S. KANNER HWY CLUBHOUSE**  
CITY-ST-ZIP **STUART FL 34994**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **VALLIER, PAUL**  
STREET ADDRESS **2600 SO KANNER HWY S-1**  
CITY-ST-ZIP **STUART FL 34994**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **LEFFERMAN, THOMAS**  
STREET ADDRESS **2600 S KANNERY HWY V-2**  
CITY-ST-ZIP **STUART FL 34994**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Dawson L Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #