

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723511

FILED
Jan 27, 2009
Secretary of State

Entity Name: DE LA BAHIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2600 S. KANNER HWY. CLUBHOUSE
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

2600 S. KANNER HWY. CLUBHOUSE
STUART, FL 34994

New Mailing Address:

FEI Number: 59-1441538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALLIER, PAUL
2600 S. KANNER HWY
S-L
STUART, FL 34994 US

Name and Address of New Registered Agent:

VALLIER, PAUL
2600 S. KANNER HWY
S-1
STUART, FL 34994 US

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: PAUL VALLIER

01/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOFFMAN, RICHARD
Address: 2600 S KANNERBOY Q-4
City-St-Zip: STUART, FL 34994

Title: VP () Delete
Name: GOULDING, ED
Address: 2600 S KANNER HWY T-8
City-St-Zip: STUART, FL 34994

Title: S () Delete
Name: SMITH, NANCY
Address: 2600 S KANNER HWY O-3
City-St-Zip: STUART, FL 34994

Title: T () Delete
Name: WETZEL, AL
Address: 2600 S KANNER HWY Y-1
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: YANIA, ROBERT
Address: 2600 S KANNER HWY R-5
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: GALIETTI, FRANK
Address: 2600 S KANNER HWY B-7
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MADAN, ROBERT
Address: 2600 S KANNER HWY V-12
City-St-Zip: STUART, FL 34994

Title: VP (X) Change () Addition
Name: VALLIER, PAUL
Address: 2600 S KANNER HWY S-1
City-St-Zip: STUART, FL 34994

Title: S (X) Change () Addition
Name: GOULDING, EDWARD
Address: 2600 S KANNER HWY T-8
City-St-Zip: STUART, FL 34994

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MADAN

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date