

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90154 035 ****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

4. FEI Number **59-1441538**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ROHAN, HAZEL
2600 SOUTH KANNER HWY
E-6
STUART FL 34994~~

Name **DAWSON BROWN**
Street Address (P.O. Box Number is Not Acceptable)
2600 So Kanner Hwy W-05
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **DAWSON BROWN** *Dawson L Brown* **1-20-03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROHAN, HAZEL	
STREET ADDRESS	2600 S. KANNER HWY E-6	
CITY-ST-ZIP	STUART FL 34994	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, SHEILA	
STREET ADDRESS	2600 S. KANNER HWY #S-4	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ISQUITH, GEORGE	
STREET ADDRESS	2600 S. KANNER HWY W-7	
CITY-ST-ZIP	STUART FL 34994	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, DAWSON	
STREET ADDRESS	2600 S. KANNER HWY CLUBHOUSE	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALLIER, B W	
STREET ADDRESS	2600 S KANNER HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEFFERMAN, THOMAS	
STREET ADDRESS	2600 S KANNERY HWY V-2	
CITY-ST-ZIP	STUART FL 34994	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KARL THONES	
STREET ADDRESS	2600 So Kanner Hwy, M-11	
CITY-ST-ZIP	STUART FL 34994	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN EKSTROM	
STREET ADDRESS	2600 SO KANNER HWY, PO1	
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	VALLIER, PAUL	
STREET ADDRESS	2600 SO. KANNER HWY S-1	
CITY-ST-ZIP	STUART, FL 34994	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 BROWN** *Dawson L Brown* **1-20-03 772 283-1844**

CR2E037 (10/02)