

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthant
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758964
1. Corporation Name
Bahia Del Mar Homeowners' Association, Inc.

700001856537
-06/10/96--01012--029
***61.25

700001856537
-06/10/96--01012--029

Principal Place of Business Mailing Address
114 Pinellas Bayway Tierra Verde, FL 33715
114 Pinellas Bayway Tierra Verde, FL 33715

3. Date Incorporated or Qualified 6-29-81
3a. Date of Last Report 4-19-95
4. FEI Number 59-2094332
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Bahia Del Mar HOA
Suite, Apt. #, etc.
22 114 Pinellas Bayway
City & State
23 Tierra Verde, FL
Zip 33715 Country US
2a. Mailing Address
26 Bahia Del Mar HOA
Suite, Apt. #, etc.
27 114 Pinellas Bayway
City & State
28 Tierra Verde, FL
Zip 33715 Country US

9. Name and Address of Current Registered Agent
Resource Property Management
114 Pinellas Bay
Tierra Verde, FL 33715

10. Name and Address of New Registered Agent
81 Name Linda L. Allen
82 Street Address (P.O. Box Numbers Not Acceptable) 40 Resource Property Mgmt
83 114 Pinellas Bayway
84 City Tierra Verde FL 85 Zip Code 33715

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Linda L. Allen DATE 4/26/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Herman Johns
1.3 STREET ADDRESS	6105 Bahia Del Mar Circle #882
1.4 CITY-ST-ZIP	St. Petersburg, FL 33715
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Eol Wormald
2.3 STREET ADDRESS	6361 Bahia Del Mar Circle #402
2.4 CITY-ST-ZIP	St Petersburg, FL 33715
3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Alfonso Crook
3.3 STREET ADDRESS	6085 Bahia Del Mar Circle #105
3.4 CITY-ST-ZIP	ST PETERSBURG, FL 33715
4.1 TITLE	SECRETARY / NORMA ENO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	6105 Bahia Del Mar Circle #777
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33715
5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Les Henderson
5.3 STREET ADDRESS	6273 Bahia Del Mar Blvd #113
5.4 CITY-ST-ZIP	ST PETERSBURG, FL 33715
6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RAY MONROE
6.3 STREET ADDRESS	5900 BAHIA DEL MAR BLVD #139
6.4 CITY-ST-ZIP	ST PETERSBURG, FL 33715

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norma E. Enos Secretary 4/26/96 813 566-9574
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)

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Directors Continued:

Stanley LACH [REDACTED]
6093 Bahia Del Mar Ct #279
St Petersburg, FL 33715

Leon Gorski [REDACTED]
6107 Mirada Circle
St Petersburg, FL 33715

Jim Kerin [REDACTED]
6085 Bahia Del Mar Circle
#164
St Petersburg, FL 33715

Bill Nally [REDACTED]
6021 Bahia Del Mar Ct
#437
St. Petersburg, FL 33715

Lee Neutpsil [REDACTED]
6287 Bahia Del Mar Ct.
#401
St. Petersburg, FL 33715

Chuck Gustafson [REDACTED]
6290 Bahia Del Mar Ct
TH #6
St. Petersburg, FL 33715