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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 758964 (1)

1. Corporation Name

BAHIA DEL MAR HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business	Mailing Address
BAHIA DEL MAR HOA 444 PINELLAS BAYWAY TIERRA VERDE FL 33715 US	BAHIA DEL MAR HOA 118 444 PINELLAS BAYWAY TIERRA VERDE FL 33715-1700 US

3. Date Incorporated or Qualified 06/29/1981	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc. 22 118 Pinellas Bayway City & State	Suite, Apt. #, etc. 26 Co Resource Prop. Mgmt. 118 Pinellas Bayway City & State
23. Zip	28. Zip
25. Country	30. Country

4. FEI Number 59-2094332	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ALLEN, LINDA L
C O RESOURCE PROPERTY MGMT
114 PINELLAS BAYWAY
TIERRA VERDE FL 33715

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) 118 Pinellas Bayway	FL
83	
84 City	

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: 1-31-97

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WORMALD, ED	
STREET ADDRESS	6361 BAHIA DEL MAR CIRCLE, #402	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, LES	
STREET ADDRESS	6273 BAHIA DEL MAR CIRCLE, 113	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ENO, NORMA	
STREET ADDRESS	6105 BAHIA DEL MAR CIR 787	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOHSS, HERMAN	
STREET ADDRESS	6105 BAHIA DEL MAR CIRCLE #882	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CROOK, ALFONSO	
STREET ADDRESS	6085 BAHIA DEL MAR CIR, #105	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KONBOY, RAY	
STREET ADDRESS	5900 BAHIA DEL MAR BLVD, #139	
CITY-ST-ZIP	ST PETERSBURG FL 33715	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lee Nevtipil	
1.3 STREET ADDRESS	6287 Bahia Del Mar Cir #401	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33715	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Chuck Gustafson	
2.3 STREET ADDRESS	6290 Bahia Del Mar Cir.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33715	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Nate Snyder	
3.3 STREET ADDRESS	6273 Bahia Del Mar Cir.	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33715	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John Shell	
4.3 STREET ADDRESS	6100 Bahia Del Mar Cir	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33715	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jim Kerin	
5.3 STREET ADDRESS	6083 Bahia Del Mar Cir	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33715	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Stanley Lack	
6.3 STREET ADDRESS	6093 Bahia Del Mar Cir.	
6.4 CITY-ST-ZIP	St. Petersburg, FL 33715	

14. I do 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 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, upon an attachment with an address.

SIGNATURE: Herman D. Lohss DATE: 2-3-97 PHONE: 813-867-5180

CR2E037 (9/96)