

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90313 039 ****61.25

DOCUMENT # 758964

1. Entity Name

BAHIA DEL MAR HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6025 SUN BLVD
 STE 202
 ST PETERSBURG FL 33715
 US

6025 SUN BLVD
 STE 202
 ST PETERSBURG FL 33715-1101
 US

2. Principal Place of Business

3. Mailing Address

5901 Sun Blvd
 Suite, Apt. #, etc.
 200

5901 Sun Blvd
 Suite, Apt. #, etc.
 200

City & State
 St. Petersburg FL

City & State
 St. Petersburg FL

Zip Country
 33715 USA

Zip Country
 33715 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2094332

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

~~FREDA, ALBERTO~~
~~6025 SUN BLVD~~
~~STE 202~~
~~ST PETERSBURG FL 33715~~

Name Christine Wayda
 Street Address (P.O. Box Number is Not Acceptable)
5901 Sun Blvd Suite 200
 City St. Petersburg FL Zip Code 33715

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.

SIGNATURE Christine Wayda
 Signature, typed or printed name of registered agent and title if applicable.

2-29-00
 DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	NEVTIPI, LEE	
STREET ADDRESS	6287 BAHIA DEL MAR CIR, #401	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUSTAFSON, CHUCK	
STREET ADDRESS	6290 BAHIA DEL MAR CIR.	
CITY-ST-ZIP	ST PETERSBURG FL	
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 type="checkbox"/> Delete
NAME	LACK, STANLEY	
STREET ADDRESS	6093 BAHIA DEL MAR CIR.	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00 727-867-5180
 Date Daytime Phone #

CR2E037 (9/99)