

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90022 031 ****61.25

DOCUMENT # 758964

1. Entity Name

BAHIA DEL MAR HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5901 SUN BLVD.
 200
 ST PETERSBURG FL 33715
 US

5901 SUN BLVD.
 200
 ST PETERSBURG FL 33715
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2094332

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WAYDA, CHRISTINE
5901 SUN BLVD.
STE 200
ST PETERSBURG FL 33715

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	ARMELIN, LORRAINE	
STREET ADDRESS	6083 BAHIA DELMAR CIR., #470	
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	STD	<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	CROSS, DAVID	
STREET ADDRESS	5801 BAHIA DEL MAR CIR #409	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROOK, ALFONSO	
STREET ADDRESS	6085 BAHIA DEL MAR CIR, #105	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	VD	<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		
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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: *Christine Wayda*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)