

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90452 047 ****61.25

0046443

DOCUMENT # 758964

1. Entity Name

BAHIA DEL MAR HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**5901 SUN BLVD.
200
ST PETERSBURG FL 33715
US**

Mailing Address

**5901 SUN BLVD.
200
ST PETERSBURG FL 33715
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

**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. I am familiar with, and accept the obligations of registered agent.

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
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	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 checked="" type="checkbox"/> Delete
NAME	CROOK, ALFONSO	
STREET ADDRESS	6085 BAHIA DEL MAR CIR, #105	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LACK, STANLEY	
STREET ADDRESS	6093 BAHIA DEL MAR CIR.	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shoemaker, Susan	
STREET ADDRESS	6357 Bahia Del mar Cir # 408	
CITY-ST-ZIP	St. Petersburg, FL 33715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Conigliario, John	
STREET ADDRESS	6049 Bahia Del mar Blvd # 260	
CITY-ST-ZIP	St. Petersburg FL 33715	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Latta, Walter	
STREET ADDRESS	6287 Bahia Del mar Cir # 605	
CITY-ST-ZIP	St. Petersburg FL 33715	

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] President **8678955**

CR2E037 (10/02)