FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -2 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20437 (2)

1. Corporation Name

BAHIA DEL MAR CONDOMINIUM ASSOCIATION NO. 6 OF S T. PETERSBURG, INC.

Principal Place of Business	Mailing Address
6050 BAHIA DEL MAR CIR #118-3 ST PETERSBURG FL 33715	4175 EAST BAY DR #205 CLEARWATER FL 34624 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1987
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2951448 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

COMMUNITY MANAGEMENT CONCEPTS, INC.
4175 EAST BAY DRIVE
SUITE 205
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☑ Change ☐ Addition
NAME	MELUCCI, PAT	1.2 NAME	John Shell	
STREET ADDRESS	6080 BAHIA DEL MAR CIR #214	1.3 STREET ADDRESS	6100 Bahia del mar Cir. # 201	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL	
TITLE	D	2.1 TITLE	V	☑ Change ☐ Addition
NAME	SCHLANDER, JAMES	2.2 NAME	Ray Konoby	
STREET ADDRESS	6050 BAHIA DEL MAR CIR #118	2.3 STREET ADDRESS	5900 Bahia Del mar Cir. # 139	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL	
TITLE	TD	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	TUBBS, BARBARA	3.2 NAME	Tubbs, [redacted] Harry	
STREET ADDRESS	6000 BAHIA DEL MAR CIRCLE #233	3.3 STREET ADDRESS	6000 Bahia del mar Cir. # 233	
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL	
TITLE	SD	4.1 TITLE		☐ Change ☐ Addition
NAME	WARNER, ADRIAN	4.2 NAME		
STREET ADDRESS	4231 HOLLAND DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	PD	☑ Change ☐ Addition
NAME	LOGUE, MIKE	5.2 NAME	Logue, Mike	
STREET ADDRESS	6050 BAHIA DEL MAR CIRCLE #117	5.3 STREET ADDRESS	6050 Bahia del mar Circle #117	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	St. Petersburg, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: X [signature] John Logue 2/17/95 864-1134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D01B72A