FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

BAHIA	MENT # N2043 DEL MAR CONDOMINIUM A TERSBURG, INC.	• • •	OF S		:481 81811 B1811 B1811 B1811	 	
Principal Place	e of Business	Mailing Address					
6050 BAHIA DEL MAR CIR #118-3 ST PETERSBURG FL 33715		4175 EAST BAY DR #205 CLEARWATER FL 34624 US		Date incorporated or Qualified 3a. Date of Last Report			1
				05/01/1987	03/02/	1995	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 59-2951448	}	Applied For]
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.7	Not Applicable 5 Additional	{
22		27		5. Certificate of Status Desired		Required	
City & State		City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			1
Zip	Country	Zip	Country	This corporation has liability for in	Adde		}
24	25	29	30		Yes 🗆 No	. 100.002	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Re	gistered Agent	1 .	<u> </u>
'A176 E	INITY MANAGEMENT CONCEPTS	S, INC.	81 Namely 82 9:00 A	MMUN IT / M/TWITE BOWNING BOWNING BOOK ACCEPTED BOWNING BOWNING BOOK ACCEPTED BOWNING BOWNING BOOK ACCEPTED BOWNING BOWNING BOWNING BOOK ACCEPTED BOWNING	CHOUT (DMEN	15
SUITE 205 C LEADWATER FL 34624			· FETE, PL		775		
OLES WITH	WICH I E DATE		84 City	/	FL 85 Z	p Code	
or register	the agent of hom, in the State of Floric the and accept the deligations of Section	ia Such change was authorized in 617.0503, Florida Sintutes.	s, the above-framed corp d by the corporation's bo ### TO ### Hogistered Agent sgnatura rep 13.	poration submits this statement for the purporard of directors. I hereby accept the appointment of the purporard of directors. I hereby accept the appointment of the purporard	DATE	d agent. I am	95)
TITLE	#VD	DELETE	1 1 TITLE		Сћалде	Addition	CR2E037 (12/95)
NAME	shell, Jóhn		1.2 NAME				3
STREET ADDRESS	6100 BAHIA DEL MAR CIR., 3	201	13 STREET ADDRESS				Ä
CITY - ST - ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP				155
TITLE NAME	# D	DELETE	2 1 TIFLE		☐ Change	Addition	١٧
STREET ADDRESS	KONOBY, RAY 5900 Bahia del Mar Cir., 4	1120	2.2 NAME				
DITY-ST-ZIP	ST PETERSBURG FL	105	2.3 STREET ADDRESS 2.4 Crty - St - Zip				
THLE	TD	DELETE	317IILE	•	Change	Addition	1
NAME	TUBBS, HARRY		3.2 NAME				
STREET ADDRESS	6000 BAHIA DEL MAR CIRCLI	E #233	3.3 STREET ADDRESS				
CITY - ST - ZIP	ST PETERSBURG FL		3.4 CITY ST-ZIP				
TITLE	SD	DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME	WARNER, ADRIAN		4 2 NAME				
STREET ADDRESS	4231 HOLLAND DR.		4.3 STREET ADDRESS				
CITY-SF-ZIP	ST PETERSBURG FL	Dotter	4.4 CITY - ST - ZIP				-
TITLE	PD LOCUE MIKE	DELETE	5 1 TITLE		Change	Addition	
NAME STREET ADDRESS	LOGUE, MIKE 6050 BAHIA DEL MAR CIRCLI	C #117	5 2 NAME				
CITY-ST-ZIP	ST PETERSBURG FL	⊑ # 11/	5 3 STREET ADDRESS				
TITLE	OT FETERODUNG PL	DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change	Addition	1
NAME		<u> </u>	6.2 NAME				
STREET ADDRESS			6 3 STREET ADDRESS				
CHTY-ST-ZIP			6 4 CITY - ST - ZIP				
	416 41 1 41 1 5 5 41			····			4

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 discotor 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 or Block 13 or an altachment with an address.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date. Daytin e Phone #