

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758964

**Entity Name:** BAHIA DEL MAR HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 13, 2018**  
**Secretary of State**  
**CC6816586172**

**Current Principal Place of Business:**

5901 SUN BLVD.  
SUITE 103  
ST PETERSBURG, FL 33715

**Current Mailing Address:**

5901 SUN BLVD.  
SUITE 103  
ST PETERSBURG, FL 33715 US

**FEI Number: 59-2094332**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ZACUR GRAHAM & COSTIS  
5200 CENTRAL AVENUE  
ST PETERSBURG, FL 33707 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name STERNBERG, RUS  
Address 5901 SUN BLVD, #103  
City-State-Zip: ST PETERSBURG FL 33715

Title VP  
Name MARRAN, VIVIENNE  
Address 5901 SUN BLVD.  
SUITE 103  
City-State-Zip: ST PETERSBURG FL 33715

Title TREASURER  
Name MARRAN, VIVIENNE  
Address 5901 SUN BLVD. #103  
City-State-Zip: ST PETERSBURG FL 33715

Title S  
Name SAWYER, SUSAN  
Address 5901 SUN BLVD.,#103  
City-State-Zip: SAINT PETERSBURG FL 33715

Title DIRECTOR  
Name MCCABE, RAY  
Address 5901 SUN BLVD.  
SUITE 103  
City-State-Zip: ST PETERSBURG FL 33715

Title DIRECTOR  
Name VERNON, TERRANCE  
Address 5901 SUN BLVD.  
SUITE 103  
City-State-Zip: ST PETERSBURG FL 33715

Title DIRECTOR  
Name DILLER, SCOTT  
Address 5901 SUN BLVD.  
SUITE 103  
City-State-Zip: ST PETERSBURG FL 33715

Title DIRECTOR  
Name HATTRICK, HUGH  
Address 5901 SUN BLVD.  
SUITE 103  
City-State-Zip: ST PETERSBURG FL 33715

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RUS STERNBERG**

**PRESIDENT**

**04/13/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BROOKS, DAVID  
Address 5901 SUN BLVD.  
SUITE 103  
City-State-Zip: ST PETERSBURG FL 33715

Title DIRECTOR  
Name SECTOR, DIANE  
Address 5901 SUN BLVD.  
SUITE 103  
City-State-Zip: ST PETERSBURG FL 33715

Title DIRECTOR  
Name ROSSO, JOHN  
Address 5901 SUN BLVD  
SUITE 103  
City-State-Zip: ST. PETERSBURG FL 33715

Title DIRECTOR  
Name AMENT, BILL  
Address 5901 SUN BLVD.  
SUITE 103  
City-State-Zip: ST PETERSBURG FL 33715

Title DIRECTOR  
Name ECKSTEIN, PATRICIA  
Address 5901 SUN BLVD.  
SUITE 103  
City-State-Zip: ST PETERSBURG FL 33715