2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758964

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

FILED Apr 13, 2022 Secretary of State 9097534843CC

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:

Title

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

DIRECTOR

Title PRESIDENT Title VP

NameMARRAN, VIVIENNENameBUTLER, HAROLDAddress5901 SUN BLVD, #103Address5901 SUN BLVD.

SUITE 103

City-State-Zip: ST PETERSBURG FL 33715

City-State-Zip: ST PETERSBURG FL 33715

Title TREASURER Title S

 Name
 ECKSTEIN, PAT
 Name
 MCKENNA, MELINDA

 Address
 5901 SUN BLVD. #103
 Address
 5901 SUN BLVD. #103

City-State-Zip: ST PETERSBURG FL 33715 City-State-Zip: SAINT PETERSBURG FL 33715

Title DIRECTOR Title DIRECTOR
Name WEAGLE, JANE

Address 5901 SUN BLVD.

SUITE 103

Address 5901 SUN BLVD.

Address 5901 SUN BLVD.

SUITE 103 Address SUITE 103 SUITE 103

City-State-Zip: ST PETERSBURG FL 33715 City-State-Zip: ST PETERSBURG FL 33715

Only Glate Zip. OTTETEROBORO TE 30713

Name ANDREONI, CHRIS Title DIRECTOR

Name O'NEIL. BILL

Address 5901 SUN BLVD.
SULTE 103 Address 5901 SUN BLVD.
Address 5901 SUN BLVD.

SUITE 103 Address 5901 SUN BLVL SUITE 103

City-State-Zip: ST PETERSBURG FL 33715 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: VIVIENNE MARRAN PRESIDENT 04/13/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameAMENT, BILLNameSCOTT, JUDYAddress5901 SUN BLVD.
SUITE 103Address5901 SUN BLVD.
SUITE 103

City-State-Zip: ST PETERSBURG FL 33715 City-State-Zip: ST PETERSBURG FL 33715

TitleDIRECTORTitleDIRECTORNameTREMBLAY, DAVIDNameROEHRIG, GUSAddress5901 SUN BLVD.
SUITE 103Address5901 SUN BLVD.
SUITE 103

City-State-Zip: ST PETERSBURG FL 33715 City-State-Zip: ST PETERSBURG FL 33715