

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758964

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

**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            PRESIDENT  
Name            MARRAN, VIVIENNE  
Address        5901 SUN BLVD, #103  
City-State-Zip: ST PETERSBURG FL 33715

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

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

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

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

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

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

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

**Continues on page 2**

*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**

**04/10/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HARMON, SUSAN  
Address 5901 SUN BLVD  
SUITE 103  
City-State-Zip: ST PETERSBURG FL 33715

Title DIRECTOR  
Name KILBORN, GARY  
Address 5901 SUN BLVD  
SUITE 103  
City-State-Zip: ST PETERSBURG FL 33715

Title DIRECTOR  
Name O'NEIL, WILLIAM  
Address 5901 SUN BLVD  
SUITE 103  
City-State-Zip: ST PETERSBURG FL 33715

Title DIRECTOR  
Name HARVEY, BRIAN  
Address 5901 SUN BLVD  
SUITE 103  
City-State-Zip: ST PETERSBURG FL 33715