


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90089 034 ***150.00

DOCUMENT # 172127

1. Entity Name
BAHIA VISTA CLUB, INC.



Principal Place of Business
**3037 HARBOR DRIVE
 FT. LAUDERDALE FL 33316**

Mailing Address
**2626 E COMMERCIAL BV
 4
 FORT LAUDERDALE FL 33308**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
6915 TAFT ST
 Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL

Zip
33024

Country
U.S.A



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**MANAGEMENT ASSIST INC
 2626 E COMMERCIAL BV 4
 FORT LAUDERDALE FL 33308**

4. FEI Number
59-0758905

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name **U.S.A SERVICES**
 Street Address (P.O. Box Number is Not Acceptable)
6915 TAFT STREET
 City **HOLLYWOOD** FL Zip Code **33024**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paul J. Shapiro* DATE **4/19/04**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TAPLEY, THOMAS	
STREET ADDRESS	3037 HARBOR DRIVE #13	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ATWOOD, CRAIG	
STREET ADDRESS	3037 HARBOR DRIVE #9	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRESCA, HELEN	
STREET ADDRESS	3037 HARBOR DR. #14	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEISTER, FRANK	
STREET ADDRESS	3037 HARBOR DR 16	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAVINI, GARY	
STREET ADDRESS	3037 HARBOR DRIVE, #2	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Officer Hill</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>3037 Harbor Dr. #5</i>	
CITY-ST-ZIP	<i>Fort Lauderdale 33316</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Paul J. Shapiro* DATE: *X 4-22-04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR