

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90447 003 ***150.00

DOCUMENT # 172127
 1. Entity Name
BAHIA VISTA CLUB, INC.



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

Mailing Address
 6915 TAFT ST
 HOLLYWOOD, FL 33024

50015010



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

3. Mailing Address
 Suite, Apt. #, etc.

04152006 Chg-P CR2E034 (11/05)

City & State
 Zip Country

4. FEI Number
59-0758905

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

USA SERVICES
 6915 TAFT STREET
 HOLLYWOOD, FL 33024

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAPLEY, THOMAS			NAME			
STREET ADDRESS	3037 HARBOR DRIVE #13			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316			CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HILL, TED			NAME	CRAIG ATWOOD #9		
STREET ADDRESS	3037 HARBOR DRIVE #5			STREET ADDRESS	3037 Harbor DR #9		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316			CITY-ST-ZIP	FT. LAUD FLA. 33316		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRESCA, HELEN			NAME			
STREET ADDRESS	3037 HARBOR DR. #14			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	PO	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEISTER, FRANK			NAME			
STREET ADDRESS	3037 HARBOR DR 16			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAVINI, GARY			NAME			
STREET ADDRESS	3037 HARBOR DRIVE, #2			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature] **4-14-06** **508272-8622**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #