

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90074 032 \*\*\*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**

2. Principal Place of Business - No-P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country  
 Zip Country

03302007 Chg-P CR2E034 (12/06)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 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                      | VD <input type="checkbox"/> Delete           |  | TITLE   | <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                      | D <input type="checkbox"/> Delete            |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | ATWOOD, CRAIG                                |  | NAME  |   |  |
| STREET ADDRESS             | 2037 HAMBA DR #9                             |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | FORT LAUDERDALE, FL 33316                    |  | CITY-ST-ZIP   |   |  |
| TITLE                      | D <input checked="" 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   | <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                       | SECRETARY<br>RAIMONDI, MARK                  |  | NAME  |   |  |
| STREET ADDRESS             | 3037 HARBOR DR #8                            |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP                | FT. LAUDERDALE, FL 33316                     |  | 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_