


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90031 004 \*\*\*\*61.25

|  |   |   |   |  |   |
|--|---|---|---|--|---|
| <b>DOCUMENT # 714977</b><br>1. Entity Name<br><b>BAHIA VISTA CLUB OF VENICE, INC.</b>  |   |   |   |   |   |
| Principal Place of Business<br><b>181 CENTER RD<br/>SARASOTA, FL 34285 US</b>  |   |   | Mailing Address<br><b>181 CENTER RD<br/>SARASOTA, FL 34285 US</b> |  |   |
| 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   | 4. FEI Number<br><b>59-1318619</b>   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>ARGUS MANAGEMENT OF VENICE<br/>181 CENTER RD<br/>VENICE, FL 34285</b>  |   |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |   |  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |   |  |   |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10             |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P<br/>DAVIS, TOM<br/>999 INLET CIR RD A204<br/>VENICE, FL 34285</b>        | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>VERNEY, JUDY<br/>999 INLET CIR RD, D102<br/>VENICE, FL 34285</b>     | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>BOTHE, GREG<br/>999 INLET CIRCLE B102<br/>VENICE, FL 34285</b>       | <input checked="" type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T<br/>NORDSTRON, ROBERT<br/>999 INLET CIRCLE D201<br/>VENICE, FL 34285</b> | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>TURBESINE DAVID<br/>999 INLET CIRCLE<br/>VENICE FL 34285</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>HASSLER GREG<br/>999 INLET CIRCLE<br/>VENICE FL 34285</b>    |
| 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 617, 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. |   |   |   |  |   |
| <b>SIGNATURE:</b> _____ <b>2/21/07</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |   |  |   |