2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# 714977

Entity Name: BAHIA VISTA CLUB OF VENICE, INC.

Current Principal Place of Business:

181 CENTER RD
SARASOTA, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

181 CENTER RD
SARASOTA, FL 34285 US

New Mailing Address:

FEI Number: 59-1318619 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARGUS MANAGEMENT OF VENICE
181 CENTER RD
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAVIS, TOM
Address: 999 INLET CIR RD A204
City-St-Zip: VENICE, FL 34285

Title: T ( ) Delete
Name: NORDSTRON, ROBERT
Address: 999 INLET CIRCLE D201
City-St-Zip: VENICE, FL 34285

Title: S ( ) Delete
Name: TURBESING, DAVID
Address: 999 INLET CIR.
City-St-Zip: VENICE, FL 34285

Title: VPD ( ) Delete
Name: HASSLER, GREG
Address: 999 INLET CIR.
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete
Name: STEWART, DEBORAH
Address: 999 INLET CIR
City-St-Zip: VENICE, FL 34185

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TOM DAVIS PRES 04/14/2009

Electronic Signature of Signing Officer or Director Date