


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90107 009 \*\*\*\*61.25

<b>DOCUMENT # 723556</b> 1. Entity Name BAHA MAR ASSOCIATION, INC.	
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**60021568**



02032006 Chg-NP CR2E037 (11/05)

Principal Place of Business O'HARE, KMETZ, NUTTALL 311 CARDINAL DRIVE VERO BEACH, FL 32963 US	Mailing Address O'HARE, KMETZ, NUTTALL 311 CARDINAL DRIVE VERO BEACH, FL 32963 US
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2. Principal Place of Business 4150 N A1A Suite, Apt. #, etc. 111	3. Mailing Address 4150 N A1A Suite, Apt. #, etc. 111
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City & State VERO BEACH, FL	City & State VERO BEACH, FL
Zip 32963	Country US

6. Name and Address of Current Registered Agent NUTTALL, SCOTT A O'HARE, KMETZ, NUTTALL, FIELD & CO. 311 CARDINAL DRIVE VERO BEACH, FL 32963	7. Name and Address of New Registered Agent Name MARY LOU HOOK Street Address (P.O. Box Number is Not Acceptable) 4150 N A1A #111 City VERO BEACH FL Zip Code 32963
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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 Mary Lou Hook DATE 2/5/06

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

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOOK, MARY LOU 4150 NORTH A1A, APT. #111 VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D HOMMELL, ROBERT 4150 NORTH A1A, #102 VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ANDERSON, DOROTHY 4150 NORTH A1A #101 VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BONELLI, GLORIA 4150 NORTH A1A, #106 VERO BEACH, FL 32963 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARMELINO, JAMES 4150 N A1A, #112 VERO BEACH, FL 32963 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Dorothy H. Anderson DATE 2/5/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR