

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # 723556 1. Entity Name BAHA MAR ASSOCIATION, INC.					
Principal Place of Business 4150 N A1A 111 VERO BEACH FL 32963 US			Mailing Address 4150 N A1A 111 VERO BEACH FL 32963 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1456450 ☐ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOOK, MARY LOU 4150 N A1A #111 VERO BEACH FL 32963				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 _____ DATE _____ Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature must be filed with this filing.)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
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	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ANDERSON, DOROTHY 4150 NORTH A1A #101 VERO BEACH FL 32963	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ARMELINO, JAMES 4150 N A1A #112 VERO BEACH FL 32963	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *X Mary Lou Hook V.P. (MARYLOU HOOK)* 3-10-08 772-234 0292