FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

726833

(7)

BAHIA PAZ ASSOCIATION, INC.

Principal Place of Business Mailing Address				I IDDIII IDDID IIDID DIIDI IDIDD SII	AM TIN MIGHT BIBIS OFBIT BIBIT BIBIT BIBIT TABL	
101 AVENIDA 23 101 AVENIDA 23						
15 WEST MAIN STREET PENSACOLA BEACH FL 32561 US		15 WEST MAIN STREET				
		PENSACOLA BEACH FL 32561 US		3. Date Incorporated or Qualified	3a. Date of Last Report	
				06/29/1973	02/17/1995	
2. Principal Pla		2a. Mailing Address			4. FEI Number	Applied For
21 101 AVENIDA 23		26 101 NENIDA 23		59-2382713 Not Applicable		
Suite, Apt. #, etc		Suite, Apt. #, elc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State		6 5000	Fee Required	
23 PENSACOLA BEDCH, FL		28 PENSACOLA BEACH, FL		6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for	
24 3250	EL 25 ESCAMBIA		O ESCA	WBIA	Florida Statutes	Yes No
	9. Name and Address of Current				10. Name and Address of New I	Registered Agent
				Name		
RAY & KIEVIT P A			82	Street	Address (P.O. Box Number is Not Acceptal	ble)
15 WEST MAIN STREET					· · · · · · · · · · · · · · · · · · ·	
PENSAC	OLA FL 32501		83			
			84	City		FL 85 Zip Code
11 Pursuant to	the provisions of Sections 617 0502	and 617 1508 Florida Statutes	the ahove:	named co	orporation submits this statement for the pu	· ·
or registere	ed agent, or both, in the State of Florida h, and accept the obligations of, Section	a. Such change was authorized l	by the corp	oration's	board of directors. I hereby accept the app	pointment as registered agent. I am
SIGNATURE	Signature, typed or printed name of registered agent a	No.	6 77 77			
12.	OFFICERS AND		13.	nt signature n	required when reinstatings ADD/TIONS/CHANGES TO OF	PICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TITLE			Change Addition
NAME	BARRINGTON, BOBBY		1 2 NAME			
STREET ADDRESS	1555 VIA DELUNA		1.3 STREE	T ADDRESS		_
CITY - ST - ZIP	PENSACOLA BCH, FL 00000		1.4 CITY-	ST-ZIP		32561
T:TLE	VD	DELETE	2 1 TITL€			☐ Change 🗹 Addition
NAME	BORISH, ILONA		2.2 NAME			
STREET ADDRESS	1517 VIA DELUNA		2 3 STREE	1 Address		22/12
CITY-ST-ZIP	PENSACOLA BCH, FL 00000		2 4 CITY	ST-ZIP		32561
TITLE	TSD	X]DELETE	3 1 TITLE		TSD	Change 🔲 Addition
NAME	QUAY, THOMAS		3 2 NAME		Pubkus, Sandy 1557 via Delunia	
STREET ADDRESS	115 AVENIDA 23			T ADDRESS		32561
CITY-ST-ZIP	PENSACOLA BCH, FL 00000	DELETE	3 4. C(TY-	ST-ZIP	PRUSACOLA BEDCH, FL	<u> </u>
TITLE	D ZOLLIKEZ MITCH	Plottere	4.1 TIFLE		ZALLIVED ANTE	
NAME STREET ADDRESS	ZOLLIKEZ, MITCH 1519 VIA DELUND		4 2 NAME	T ADDRESS	ZOLLIKER, MITCH	n
' I	PENSACOLA BCH, FL 00000		•			32561
CITY-ST-ZIP TITLE	D	⊠ DELETE	44 CITY - 51 TITLE	SI - 41P	D	Change Addition
NAME	CROSS, SHARON		5 2 NAME		FEX. J. PATRICK	East Charles
STREET ADDRESS	109 AVENIDA 23			T ADDRESS	1521 VIA DELUNA	
CITY-ST-ZIF	PENSACOLA BEACH FL		54 CHY-		PENSACOLA BEACH, F	L 82561
TIFLE	The state of the second second state of the second	DELETE	61 TITLE			Change Addition
NAME			6 2 NAME			
STREET ADDRESS			6 3 STREE	T ADDRESS		
C:TY-ST-ZIP			64 CITY-	ST-ZIP		
					and the second s	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or one in attachment with an address.

SIGNATURE:

THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/27/84 (901) 932-9889

CR2E037 (12/95)