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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726833 (7)

1. Corporation Name
BAHIA PAZ ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 AVENIDA 23 PENSACOLA BEACH FL 32561 US	101 AVENIDA 23 PENSACOLA BEACH FL 32561 US

3. Date Incorporated or Qualified: 06/29/1973

4. FEI Number: ~~59-2382718~~ 593423384 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAY & KIEVIT P A
15 WEST MAIN STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ■ Addition
NAME	BARRINGTON, BOBBY		1.2 NAME	QUAY, THOMAS	
STREET ADDRESS	1555 VIA DELUNA		1.3 STREET ADDRESS	115 AVENIDA 23	
CITY-ST-ZIP	PENSACOLA BCH, FL 00000		1.4 CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	KUEHL, KATHY		2.2 NAME	BARFIELD, CLEMENT	
STREET ADDRESS	1137 SAWGRASS DR.		2.3 STREET ADDRESS	4140 MENENDEZ DR.	
CITY-ST-ZIP	GULF BREEZE FL		2.4 CITY-ST-ZIP	PENSACOLA [redacted], FL [redacted] 32503	
TITLE	TSD	☒ DELETE	3.1 TITLE	TSD	☒ Change ☐ Addition
NAME	PUSKUS, SANDY		3.2 NAME	SANBORN, KURTIS	
STREET ADDRESS	1557 VIA DELUNA		3.3 STREET ADDRESS	109 AVENIDA 23	
CITY-ST-ZIP	PENSACOLA BEACH FL		3.4 CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	BARFIELD, CLEMENT		4.2 NAME	QUIGLEY, CLARENCE	
STREET ADDRESS	4140 MENENDEZ DR.		4.3 STREET ADDRESS	1553 VIA DELUNA DRIVE	
CITY-ST-ZIP	PENSACOLA BCH, FL 00000		4.4 CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	SANBORN, KURTIS		5.2 NAME	GILCHRIST, GREG	
STREET ADDRESS	109 AVENDIA 23		5.3 STREET ADDRESS	103 AVENIDA 23	
CITY-ST-ZIP	PENSACOLA BEACH FL		5.4 CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: Thomas W. Quay MARCH 12, 1998 850-932-2854