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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726833

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/29/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number — — 59-3423384 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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		☒ Change ☐ Addition
NAME	QUAY, THOMAS		1.2 NAME		
STREET ADDRESS	115 AVE 23RD		1.3 STREET ADDRESS	115 AVENIDA 23	
CITY-ST-ZIP	PENSACOLA BCH, FL 00000 32561		1.4 CITY-ST-ZIP	PENSACOLA BEACH FL 32561	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BARAELD, CLEMENT		2.2 NAME	BARFIELD,	
STREET ADDRESS	4140 MENENDEZ DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32503		2.4 CITY-ST-ZIP		
TITLE	TSD	☒ DELETE	3.1 TITLE	TSD	☐ Change ☒ Addition
NAME	SANBORN, KURTIS		3.2 NAME	KUEHL, KATHLEEN	
STREET ADDRESS	109 AVENIDA 23		3.3 STREET ADDRESS	1137 SAWGRASS DRIVE	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561		3.4 CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	D	☒ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME	QUIGLEY, CLARENCE		4.2 NAME	COALEY, EUGENE	
STREET ADDRESS	1553 VIA DELLUNO DR		4.3 STREET ADDRESS	1541 VIA DELUNA	
CITY-ST-ZIP	PENSACOLA BCH, FL 00000 32561		4.4 CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	D	☒ DELETE	5.1 TITLE	~~CLOE, DAVID~~ D	☐ Change ☒ Addition
NAME	GILBERT, GREG		5.2 NAME	CLOE, DAVID	
STREET ADDRESS	103 AVENIDA 23		5.3 STREET ADDRESS	113 AVENIDA 23	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561		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 (11/98)

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, with all other like empowered.

SIGNATURE: Thomas Quay ~~REQUIRED~~ 1/21/99 850-932-2854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #