

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 726833 1. Entity Name BAHIA PAZ ASSOCIATION, INC.	
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Principal Place of Business 101 AVENIDA 23 PENSACOLA BEACH, FL 32561 US	Mailing Address 101 AVENIDA 23 PENSACOLA BEACH, FL 32561 US
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DO NOT WRITE IN THIS SPACE



04092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3423384	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAY & KIEVIT P A 15 WEST MAIN STREET PENSACOLA, FL 32501

**DO NOT WRITE
IN THIS SPACE**

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 required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	04/30/04-80034-018 61.25 000000141593
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUAY, THOMAS 115 AVE 23RD PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COPLEY, EUGENE 1541 VIA DELUNA PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARFIELD, SHEILA K 4400 BAYOU BLVD, 23-C PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYLAND, PAM 1549 VIA DELUNA PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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: Sheila K Barfield **4-27-04** **(850) 474 9133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #