


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 726833</b> 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



03302005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3423384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	

UN00000294464  
04/08/05-80069-020 61.25

DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.07(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: <u>Sheila K Barfield, Treasurer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4-5-05</u> <u>(850) 474 9133</u> <small>Date Daytime Phone #</small>
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