

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90120 035 ****61.25

DOCUMENT # 726833

1. Entity Name
BAHIA PAZ ASSOCIATION, INC.



Principal Place of Business
**101 AVENIDA 23
PENSACOLA BEACH, FL 32561 US**

Mailing Address
**101 AVENIDA 23
PENSACOLA BEACH, FL 32561 US**

00067010



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03282006 Chg-NP CR2E037 (11/05)

City & State
Zip Country

4. FEI Number
59-3423384

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Sheila K Barfield, C.P.A.

Street Address (P.O. Box Number is Not Acceptable)
4400 Bayou BLVD STE 23-C

City
Pensacola FL Zip Code
32503

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: Sheila K. Barfield, CPA
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-6-06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	QUAY, THOMAS	
STREET ADDRESS	115 AVE 23RD	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COPLEY, EUGENE	
STREET ADDRESS	1541 VIA DELUNA	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BARFIELD, SHEILA K	
STREET ADDRESS	4400 BAYOU BLVD, 23-C	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RYLAND, PAM	
STREET ADDRESS	1549 VIA DELUNA	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUIGLEY, BOBBY	
STREET ADDRESS	3110 NORTH DAVIS ST.	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN ROGERS, JOHN	
STREET ADDRESS	4191 MADURA ROAD	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARFIELD, SHEILA K	
STREET ADDRESS	4400 BAYOU BLVD, 23-C	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, TOM	
STREET ADDRESS	121 AVENIDA 23	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-06 (850) 474-9133

Date Daytime Phone #