


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 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**



03052007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

BARFIELD, SHEILA K C.P.A.  
4400 BAYOU BLVD, STE 23-C  
PENSACOLA, FL 32503

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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P QUIGLEY, BOBBY 3110 N DAVIS ST PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, JOHN 4191 MADURA RD GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARFIELD, SHEILA K 4400 BAYOU BLVD, 28-C PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHITE, TOM 121 AVENIDA 23 PENSACOLA BCH, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/16/07-80026-032 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 **3-5-07 (850) 474-9133**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #