2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90048 014 ****61.25

DOCUMENT # 753360

1. Entity Name
BAHIA DEL MAR CONDOMINIUM ASSOCIATION NO. 1 OF ST. PETERSBURG, INC.

Principal Place of Business	Mailing Address
5901 SUN BLVD., SUITE 200 ST. PETERSBURG, FL 34203 US	5901 SUN BLVD., SUITE 200 ST. PETERSBURG, FL 34203 US

02212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
6361 & 6365 Bahia Del Mar Blvd	5901 Sun Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. 200
City & State: St. Petersburg FL	City & State: St. Petersburg FL
Zip: 33715 Country: US	Zip: 33715 Country: US

4. FEI Number 59-2094337 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RESOURCE MANAGEMENT, INC.
5901 SUN BLVD., SUITE 200
ST. PETERSBURG, FL 34203

7. Name and Address of New Registered Agent

Name: Christine Wayda
Street Address (P.O. Box Number is Not Acceptable): Resource Property Management 5901 Sun Blvd. Suite 200
City: St. Petersburg FL Zip Code: 33715

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

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WORMOLD, RITA 6361 BAHIA DEL MAR BOULEVARD #K402 SAINT PETERSBURG, FL 33715	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Pettinella, Joseph 6361 Bahia Del Mar Blvd J305 St. Petersburg FL 33715	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, RICHARD 6361 BAHLA DEL MAZ BLVD, K-11 SAINT PETERSBURG, FL 33715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARRAN, VIVIENNE 6361 BAHIA DEL MAR BOULEVARD #J215 SAINT PETERSBURG, FL 33715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VODICKA, ARTHUR 6361 BAHIA DEL MAR BLVD., #115K SAINT PETERSBURG, FL 33715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHNSON, RICHARD 6361 BAHLA DEL MAR BLVD, R602 SAINT PETERSBURG, FL 33715	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Hartman, Ellis 6361 Bahia Del Mar Blvd, #K-113 St. Petersburg FL 33715	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Vivienne Marran 3/22/05.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #