

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757313 (2)

1. Corporation Name

THE BAHIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**2804 DEL PRADO BLVD., SUITE 104
P.O. BOX 399
CAPE CORAL FL 33910**

Mailing Address

**2804 DEL PRADO BLVD., SUITE 104
P.O. BOX 399
CAPE CORAL FL 33910**



3. Date Incorporated or Qualified
03/31/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
60-0730795

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KASE, SUSAN M.
909 SE 47TH TERR.
SUITE 201
CAPE CORAL FL 33904**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Susan M. Kase
Signature typed or printed name of registered agent and title if applicable

Susan M. Kase
(NOTE - Registered Agent Signature required when reinstating)

2/12/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD DEASON, BILL**
STREET ADDRESS **19 WINEWOOD CT.**
CITY - ST - ZIP **FT. MYERS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE ☒ DELETE
NAME **STD SHERAN, KEN**
STREET ADDRESS **2141 SE 15TH PLACE**
CITY - ST - ZIP **CAPE CORAL FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **STD Oyog, Naomi**
2.3 STREET ADDRESS **2135 SE 15th Place**
2.4 CITY - ST - ZIP **Cape Coral, Fl. 33990**

TITLE ☐ DELETE
NAME **VD MOORE, DAVID**
STREET ADDRESS **2141 S.E. 15TH PLACE**
CITY - ST - ZIP **CAPE CORAL FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Naomi D. Oyog* **Naomi D. Oyog**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96 **941-542-4404**
Date Date/Time Phone #

CR2E037 (12/95)