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# Apr 15 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

**1997**

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 | Mailing Address |
|---|---|
| 2804 DEL PRADO BLVD., SUITE 104<br>P.O. BOX 399<br>CAPE CORAL FL 33910 | 2804 DEL PRADO BLVD., SUITE 104<br>P.O. BOX 399<br>CAPE CORAL FL 33910-0399 |

3. Date Incorporated or Qualified: 03/31/1981
3a. Date of Last Report: 02/15/1996

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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

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 - Susan M. Kase 4/8/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature is required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DEASON, BILL | | 1.2 NAME | | |
| STREET ADDRESS | 19 WINEWOOD CT. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT. MYERS FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | STD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | OYOG, NAOMI | | 2.2 NAME | | |
| STREET ADDRESS | 2135 SE 15TH PLACE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CAPE CORAL FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | VD | ☒ DELETE | 3.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | MOORE, DAVID | | 3.2 NAME | DAN CELENTANO | |
| STREET ADDRESS | 2141 S.E. 15TH PLACE | | 3.3 STREET ADDRESS | 2135 S.E. 15th Pl. | |
| CITY-ST-ZIP | CAPE CORAL FL | | 3.4 CITY-ST-ZIP | Cape Coral, FL | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

14. I do 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 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.

CR2E037 (9/96)