2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 17, 2000 8:00 am
Secretary of State
04-26-2000 90206 017 ****61.25

DOCUMENT # 757313

1. Entity Name

THE BAHIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2804 DEL PRADO BLVD., SUITE 104 P.O. BOX 399 CAPE CORAL FL 33910	2804 DEL PRADO BLVD., SUITE 104 P.O. BOX 399 CAPE CORAL FL 33910-0300

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4226 DEL PRADO BLVD. Suite, Apt. #, etc.	4226 DEL PRADO BLVD. Suite, Apt. #, etc.
City & State: CAPE CORAL, FL. 33904	City & State: CAPE CORAL, FL. 33904
Zip: 33904 Country: LEE	Zip: 33904 Country: LEE

4. FEI Number: 60-0730795 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: ILAMARIE PIERCE
Street Address (P.O. Box Number is Not Acceptable): 4226 DEL PRADO BLVD.
City: CAPE CORAL **FL** Zip Code: 33904

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.

SIGNATURE: ILAMARIE PIERCE, MANAGER — DATE: 20 JAN. 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DEASON, BILL 19 WINEWOOD CT. FT. MYERS FL	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAREN STATEN 5809 Rattlesnake Hammock Rd. 206 Naples, Fl. 34113	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOORE, DAVID 2141 SE 15TH PLACE #108 CAPE CORAL FL 33990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PLAZEWSKI, ROBERT 628 WILDWOOD PKWY CAPE CORAL FL 33904	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MICHAEL PAREIGIS 2203 PINEWOODS CIR. NAPLES, FL, 34105	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: DAVID MOORE, JR. — 1/20/00 — 941-542-8712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #