

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757313

1. Entity Name

THE BAHIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4226 DEL PRADO BLVD.
CAPE CORAL FL 33904

Mailing Address

4226 DEL PRADO BLVD.
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

ILAMARIE, PIERCE
4226 DEL PRADO BLVD
CAPE CORAL FL 33904

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 PD ☐ Delete
NAME STATEN, KAREN
STREET ADDRESS 5809 RATTLESNAKE HAMMOCK RD., 206
CITY-ST-ZIP NAPLES FL 34113

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME PAREIGIS, MICHAEL
STREET ADDRESS 2203 PINWOODS CR.
CITY-ST-ZIP NAPLES FL 34105

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME PLAZEWSKI, ROBERT J
STREET ADDRESS 628 WILDWOOD PKWY
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☒ Change ☐ Addition
NAME D MOORE, DAVID
STREET ADDRESS 1541 SE 15th PL. #108
CITY-ST-ZIP CAPE CORAL, FL. 33990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91578 050 ****61.25

B0081301



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)