# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 03, 2004 8:00 am**
**Secretary of State**
05-03-2004 90998 045 ****61.25

DOCUMENT # 757313

1. Entity Name
THE BAHIA CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 506 S W 47TH TERRACE<br>CAPE CORAL, FL 33914 | 506 S W 47TH TERRACE<br>CAPE CORAL, FL 33914 |

04262004 Chg-NP CR2E037 (10/03)

| 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 |
|---|---|
| ZUNINO, PAOLA<br>506 S W 47TH TERRACE<br>CAPE CORAL, FL 33914 | Name BEVERLY DRIFKA<br>Street Address (P.O. Box Number is Not Acceptable) C-21 SUNSET PLAZA<br>City FORT MYERS FL Zip Code 33914 |

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 Beverly Drifka -CAM 4/26/04
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, 2004**

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 | PD STATON<br>~~STATEN~~, KAREN<br>5809 RATTLESNAKE HAMMOCK RD., 206<br>NAPLES, FL 34113 | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>PAREIGIS, MICHAEL<br>2203 PINEWOODS CR.<br>NAPLES, FL 34105 | ☐ Delete | ☒ Change ☐ Addition | SEC/TREA<br>GAIL BIANCA<br>16501 ARBOR RIDGE DR.<br>FT MYERS, FL 33908 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MOORE, DAVID<br>1541 SE 15TH PLACE, #108<br>CAPE CORAL, FL 33990 | ☐ Delete | ☒ Change ☐ Addition | DIR.<br>DAN CELENTANO<br>2135 SE 15 PL. #103<br>CAPE CORAL, FL 33990 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☒ Addition | VICE PRES<br>DAVID MOORE<br>2141 SE 15 PL. # 108 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ 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:** Karen Staton 4/29/04 (239) 458-9610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #