2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 23, 2005 8:00 am **Secretary of State** 03-23-2005 90050 017 ****61.25 **DOCUMENT #757313** THE BAHIA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business. Mailing Address 40037534 506 S W 47TH TERRACE 506 S W 47TH TERRACE CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172005 CR2E037 (10/03) 4. FEI Number 60-0730795 City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRIFKA, BEVERLY Street Address (P.O. Box Number is Not Acceptable) C-21 SUNAELT REALTY 506 SW 47TH TER CAPE CORAL, FL 33914 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 'Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \Box Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. · 🗀 Delete TITLE ☐ Change TITLE NAME STATON, KAREN NAME 1107 SE 13TH PL STREET ADDRESS STREET ADDRESS CAPE CORAL, FL 33990 CITY-ST-ZIP CITY-ST-ZIP **₹** Defete TITLE Change Addition TITLE NAMMI DYDG 2135 SEISTE PIACE #101 BIANCA, GAIL NAME 16501 ALDER RIDGE DR STREET ADDRESS STREET ADDRESS CAPE COME PL 33950 FORT MYERS, FL 33908 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME CELENTANO, DAN 2135 SE 15TH PL #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP Sectreas ☐ Delete TITLE **Change** ☐ Addition 2141 SE 15 18 PI #108 MOORE, DAVID NAME 2141 SE 15TH PL #108 STREET ADDRESS STREET ADDRESS MAPE CONAL FL 33990 CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP TITLE

CITY-ST-ZIP

NAME STREET ADDRESS

KAREN STATON

3/17/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone # Date

☐ Change

☐ Addition

FILED