

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90088 015 ****61.25

DOCUMENT # 757313 1. Entity Name THE BAHIA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business ROSSMAN REALTY PROPERTY MGMT, LLC ✓ 415 CAPE CORAL PKWY WEST SUITE 3 CAPE CORAL, FL 33914		Mailing Address ROSSMAN REALTY PROPERTY MGMT, LLC ✓ 415 CAPE CORAL PKWY WEST SUITE 3 CAPE CORAL, FL 33914	
2. Principal Place of Business - No P.O. Box # 1104 SE 46th Lane #2 Suite, Apt. #, etc.		3. Mailing Address 1104 SE 46th Lane #2 Suite, Apt. #, etc.	
City & State Cape Coral, FL Zip 33904		City & State Cape Coral, FL Zip 33904	
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 COONRING, JENNIFER ROSSMAN PROPERTY MGMT, LLC 415 CAPE CORAL PKWY WEST SUITE 3 CAPE CORAL, FL 33914		7. Name and Address of New Registered Agent Name Michelle Rossman, CAM Street Address (P.O. Box Number is Not Acceptable) Rossman Realty Property Mgmt. LLC 1104 SE 46th Lane #2 City Cape Coral State 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Michelle Rossman</u> Signature, typed or printed name of registered agent and title if applicable.		DATE <u>4/18/07</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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 PD NAME STATON, KAREN STREET ADDRESS 1107 SE 13TH PL CITY-ST-ZIP CAPE CORAL, FL 33990	☐ Delete	TITLE STD NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE ✓ NAME OYOG, NAOMI STREET ADDRESS 2135 SE 15TH PLACE #101 CITY-ST-ZIP CAPE CORAL, FL 33990	☐ Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE ST NAME RAMIREZ, ROBERTO STREET ADDRESS 403 SE 16TH PLACE CITY-ST-ZIP CAPE CORAL, FL 33990	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE VPD NAME Gail Bianca STREET ADDRESS 14300 Riva Del Lago Dr. CITY-ST-ZIP Ft. Myers, FL 33907	☐ 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
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Naomi Oyog by Michelle Rossman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>4/18/07</u> DAYTIME PHONE # <u>239-443-1091</u>	