


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90529 008 ****61.25

DOCUMENT # 758964 1. Entity Name BAHIA DEL MAR HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5901 SUN BLVD. 200 ST PETERSBURG, FL 33715 US			Mailing Address 5901 SUN BLVD. 200 ST PETERSBURG, FL 33715 US		
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 59-2094332	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WAYDA, CHRISTINE 5901 SUN BLVD. STE 200 ST PETERSBURG, FL 33715			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHOEMAKER, SUSAN		NAME	Leeper, Gail	
STREET ADDRESS	6357 BAHIA DEL MAR CIR #408		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33715		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUSTAFSON, CHUCK		NAME		
STREET ADDRESS	6290 BAHIA DEL MAR CIR.		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ENO, NORMA		NAME		
STREET ADDRESS	6105 BAHIA DEL MAR CIR 787		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROSS, DAVID		NAME		
STREET ADDRESS	5801 BAHIA DEL MAR CIR #409		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CONIGHARIO, JOHN		NAME	DVP	
STREET ADDRESS	6287 BAHIA DEL MAR CIR #260		STREET ADDRESS	Lach, Stanley	
CITY-ST-ZIP	ST PETERSBURG, FL 33715		CITY-ST-ZIP	6093 Bahia Del mar Cir.	
TITLE	D	<input type="checkbox"/> Delete	TITLE	ST Petersburg FL 33715	
NAME	LATTA, WALTER		NAME		
STREET ADDRESS	287 BAHIA DEL MAR CIR #605		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		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: <i>Norma P. Eno</i> 4/13/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> Date Daytime Phone # 864-8884 </div>					

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