FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -6 AM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759054 (0)

1. Corporation Name

BAHIA DEL SOL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1767 RUSKIN FL 33570	P.O. BOX 1767 RUSKIN FL 33570

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/08/1981
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2114741 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FREEMAN, JAMES R.
201 E. PINE ST.
STE. 1000
TAMPA FL 33601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BAKER, GEORGE	1.2 NAME	Baker, George	
STREET ADDRESS	812-A BAHIA DEL SOL DR	1.3 STREET ADDRESS	Same	
CITY-ST-ZIP	RUSKIN FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	FLACCHE, CHRISTINE	2.2 NAME	Sheila Janes	
STREET ADDRESS	828-A BAHIA DEL SOL DR	2.3 STREET ADDRESS	811-B Bahia Del Sol Dr	
CITY-ST-ZIP	RUSKIN FL	2.4 CITY-ST-ZIP	Ruskin, Fl 33570	
TITLE	VD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	CAIRNS, THOMAS	3.2 NAME	Cairns, Thomas	
STREET ADDRESS	802-C BAHIA DEL SOL DR	3.3 STREET ADDRESS	Same	
CITY-ST-ZIP	RUSKIN FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	SWEETING, NANCY	4.2 NAME	Casey, Kraig	
STREET ADDRESS	813-A BAHIA DEL SOL DR	4.3 STREET ADDRESS	818-C Bahia Del Sol Dr	
CITY-ST-ZIP	RUSKIN FL	4.4 CITY-ST-ZIP	Ruskin, Fl 33570	
TITLE	D	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	ENZ, STEPHEN	5.2 NAME	Enz, Stephen	
STREET ADDRESS	812-B BAHIA DEL SOL DR.	5.3 STREET ADDRESS	Same	
CITY-ST-ZIP	RUSKIN FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sheila Janes SECRETARY 3/29/95 645-3505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SHEILA JANES

000951