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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33570-1767

3. Date Incorporated or Qualified: 07/08/1981
3a. Date of Last Report: 04/29/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BAKER, GEORGE		1.2 NAME	ROBERT ICENOGLE	
STREET ADDRESS	812-A BAHIA DEL SOL DR		1.3 STREET ADDRESS	818D BAHIA DEL SOL DR.	
CITY-ST-ZIP	RUSKIN FL		1.4 CITY-ST-ZIP	RUSKIN, FL	
TITLE	SD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	JANES, SHEILA		2.2 NAME		
STREET ADDRESS	811-B BAHIA DEL SOL DR.		2.3 STREET ADDRESS	828B BAHIA DEL SOL DR	
CITY-ST-ZIP	RUSKIN FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE	VPD	☒ Change ☐ Addition
NAME	CAIRNS, THOMAS		3.2 NAME		
STREET ADDRESS	802-C BAHIA DEL SOL DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	RUSKIN FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	CASEY, KRAIG		4.2 NAME	TERRY ALRED	
STREET ADDRESS	818-C BAHIA DEL SOL DR		4.3 STREET ADDRESS	815D BAHIA DEL SOL DR	
CITY-ST-ZIP	RUSKIN FL		4.4 CITY-ST-ZIP	RUSKIN, FL	
TITLE	VP	☒ DELETE	5.1 TITLE	SD	☐ Change ☒ Addition
NAME	ENZ, STEPHEN		5.2 NAME	SUSAN MESSER	
STREET ADDRESS	812-B BAHIA DEL SOL DR.		5.3 STREET ADDRESS	824C BAHIA DEL SOL DR	
CITY-ST-ZIP	RUSKIN FL		5.4 CITY-ST-ZIP	RUSKIN, FL 33570	
TITLE	TD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SAUCIER, BETTY		6.2 NAME		
STREET ADDRESS	816-B BAHIA DELS OL DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	RUSKIN FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 SHEILA JANES 4/25/97 813-645-3214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046286