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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759054 (0)
1. Corporation Name
BAHIA DEL SOL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business P.O. BOX 1767 RUSKIN FL 33570	Mailing Address P.O. BOX 1767 RUSKIN FL 33570
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3. Date Incorporated or Qualified
07/08/1981

4. FEI Number
59-2114741

Applied For	
Not Applicable	

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 BECKER & POLIAKOFF, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 33 NORTH GARDEN AVE, SUITE 940
83
84 City CLEARWATER
85 Zip Code FL 33233

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 *Alan Karsel de Haan Esq* DATE **3/26/98**

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

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME ICENOGLA, ROBERT	
STREET ADDRESS 818D BAHIA DEL SOL DR	
CITY-ST-ZIP RUSKIN FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME JANES, SHEILA	
STREET ADDRESS 828B BAHIA DEL SOL DR	
CITY-ST-ZIP RUSKIN FL	
TITLE VPO	<input type="checkbox"/> DELETE
NAME CAIRNS, THOMAS	
STREET ADDRESS 802-C BAHIA DEL SOL DR	
CITY-ST-ZIP RUSKIN FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME ALRED, TERRY	
STREET ADDRESS 815D BAHIA DEL SOL DR	
CITY-ST-ZIP RUSKIN FL	
TITLE SO	<input checked="" type="checkbox"/> DELETE
NAME MESSER, SUSAN	
STREET ADDRESS 824C BAHIA DEL SOL DR	
CITY-ST-ZIP RUSKIN FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME DAVID JONES	
1.3 STREET ADDRESS 804-D BAHIA DEL SOL DR	
1.4 CITY-ST-ZIP RUSKIN, FL 33570	
2.1 TITLE VPO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME CAIRNS, Thomas	
3.3 STREET ADDRESS 802-C Bahia del Sol DR	
3.4 CITY-ST-ZIP RUSKIN, FL 33570	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME PED TRAINOR	
5.3 STREET ADDRESS 823-A BAHIA DEL SOL DR	
5.4 CITY-ST-ZIP RUSKIN, FL 33570	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Thomas Cairns, Director* DATE: **3/16/98** **695-1381**

CFR2037 (10/97)