

2006-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90339 043 ****61.25

DOCUMENT # 759054

1. Entity Name

BAHIA DEL SOL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 1767
RUSKIN FL 33575

Mailing Address

P.O. BOX 1767
RUSKIN FL 33575



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2114741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BECKER & PALIAKOFF P.A.
33 NORTH GARDEN AVE
SUITE 960
CLEARWATER FL 33755

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE **D** ☒ Delete
NAME **LARSON, RAY**
STREET ADDRESS **805-B BAHIA DEL SOL**
CITY-ST-ZIP **RUSKIN FL 33570**

TITLE **PD** ☒ Delete
NAME **RENALDI, JAMES**
STREET ADDRESS **826-A BAHIA DEL SOL DR**
CITY-ST-ZIP **RUSKIN FL 33570**

TITLE **SD** ☐ Delete
NAME **BRAND, LOU ANN**
STREET ADDRESS **822-A BAHIA DEL SOL DR**
CITY-ST-ZIP **RUSKIN FL 33570**

TITLE **VPTD** ☒ Delete
NAME **SAUCIER, BETTY**
STREET ADDRESS **816-B BAHIA DEL SOL**
CITY-ST-ZIP **RUSKIN FL 33570**

TITLE **TD** ☒ Delete
NAME **WOOLDRIDGE, WES**
STREET ADDRESS **817-B BAHIA DEL SOL DR**
CITY-ST-ZIP **RUSKIN FL 33570**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES.** ☒ Change ☐ Addition
NAME **BILL MIZER**
STREET ADDRESS **806A BAHIA del Sol Dr**
CITY-ST-ZIP **RUSKIN, FL 33570**

TITLE **V.P.** ☐ Change ☐ Addition
NAME **LINDA JOACHIM**
STREET ADDRESS **824 D BAHIA del Sol Dr.**
CITY-ST-ZIP **RUSKIN, FL 33570**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREAS.** ☒ Change ☐ Addition
NAME **DAVE DeGraff**
STREET ADDRESS **823 B BAHIA del Sol Dr**
CITY-ST-ZIP **RUSKIN, FL 33570**

TITLE **Director** ☒ Change ☐ Addition
NAME **MART Diana**
STREET ADDRESS **809 B BAHIA del Sol Dr**
CITY-ST-ZIP **RUSKIN, FL 33570**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: LouAnn Brand LOU ANN BRAND

4-7-06

813 645-6860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #