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FILED
May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759305** (6)
1. Corporation Name
BAHIA BEACH PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business 603 MAIN STREET P. O. BOX 1100 WINDERMERE FL 34786-8100	Mailing Address 603 MAIN STREET P. O. BOX 1100 WINDERMERE FL 34786-1100
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/24/1981	3a. Date of Last Report 04/24/1996
				4. FEI Number 59-2511878	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DIZNEY, DONALD R 603 MAIN STREET WINDERMERE, 34786		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD ENGLISH, JAMES 603 MAIN STREET WINDERMERE FL	1.1 TITLE	P/D Same
NAME		1.2 NAME	Same
STREET ADDRESS		1.3 STREET ADDRESS	Same
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Same
TITLE	VS BARKMAN, KEVIN 603 MAIN STREET WINDERMERE FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V DIZNEY, MICHAEL W. 800 N MAGNOLIA AVE #600 ORLANDO, FL 00000	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	CSD DIZNEY, DONALD R. 603 MAIN STREET WINDERMERE FL	4.1 TITLE	C/AS/D Same
NAME		4.2 NAME	Same
STREET ADDRESS		4.3 STREET ADDRESS	Same
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Same
TITLE	T DIZNEY, DAVID 603 MAIN STREET WINDERMERE FL	5.1 TITLE	T Janine Delehunt
NAME		5.2 NAME	603 Main Street
STREET ADDRESS		5.3 STREET ADDRESS	Windermere, FL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	CSD DIZNEY, DONALD R 603 MAIN STREET WINDERMERE FL	6.1 TITLE	
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 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: *Janine Delehunt* 4/25/97 407-876-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070688

CR2E037 (9/96)