

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90009 026 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 759305

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 34786-8100



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/24/1981
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2511878
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	29	☒ \$8.75 Additional Fees Required
25	30	6. Election Campaign Financing Trust Fund Contribution
		☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DIZNEY, DONALD R.
603 MAIN STREET
WINDERMERE, 34786

CALLAHAN, SCOTT
371 N. ORANGE AVE #200
ORLANDO, FL. 32801

10. Name and Address of New Registered Agent

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

Signatures, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	RD ENGLISH, JAMES	1.1 TITLE	PD PETERS, ROBERT G.
NAME	603 MAIN STREET	1.2 NAME	2250 AVENIDA DEL VERA
STREET ADDRESS	WINDERMERE FL	1.3 STREET ADDRESS	N. FORT MYERS, FL 33917
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VS BARKMAN, KEVIN	2.1 TITLE	V ROSEN, MICHAEL E.
NAME	603 MAIN STREET	2.2 NAME	2250 AVENIDA DEL VERA
STREET ADDRESS	WINDERMERE FL	2.3 STREET ADDRESS	N. FORT MYERS, FL 33917
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	CASO DIZNEY, DONALD R.	3.1 TITLE	VSD KOUJEANOVEN, WILLIAM G.
NAME	603 MAIN STREET	3.2 NAME	2250 AVENIDA DEL VERA
STREET ADDRESS	WINDERMERE FL	3.3 STREET ADDRESS	N. FORT MYERS, FL 33917
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V DIZNEY, DAVID	4.1 TITLE	TD CARDELLA, DOUGLAS
NAME	603 MAIN STREET	4.2 NAME	2250 AVENIDA DEL VERA
STREET ADDRESS	WINDERMERE FL	4.3 STREET ADDRESS	N. FORT MYERS, FL 33917
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	K DELEHUNT, JANINE S.	5.1 TITLE	
NAME	603 MAIN ST	5.2 NAME	
STREET ADDRESS	WINDERMERE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Bill K... ..
 AUTHENTICATED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/13/99 941-731-4559