

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90200 011 ****61.25

DOCUMENT # 759305

1. Entity Name

BAHIA BEACH PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

502 BAHIA BEACH BLVD
 RUSKIN FL 33570

Mailing Address

2250 AVENIDA DEL VERA
 N FT MYERS FL 33917-6700

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2511878

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

CALLAHAN, SCOTT
37 N ORANGE AVE
#200
ORLANDO FL 32801

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD PETERS, ROBERT G	<input type="checkbox"/> Delete
STREET ADDRESS	2250 AVENIDA DEL VERA	
CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE NAME	V ROSEN, MICHAEL E	<input type="checkbox"/> Delete
STREET ADDRESS	2250 AVENIDA DEL VERA	
CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE NAME	VSD KONNENHOVEN, WILLIAM G	<input type="checkbox"/> Delete
STREET ADDRESS	2250 AVENIDA DEL VERA	
CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE NAME	TD CORDELLO, DOUGLAS	<input type="checkbox"/> Delete
STREET ADDRESS	2250 AVENIDA DEL VERA	
CITY-ST-ZIP	N FT MYERS FL 33917	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE REQUIRED
Michael E. Rosen

4/21/00

914-770-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)