

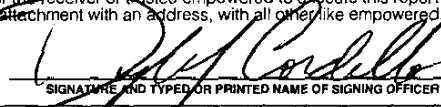


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90292 044 \*\*\*\*61.25

<b>DOCUMENT # 759305</b> 1. Entity Name <b>BAHIA BEACH PROPERTY OWNERS' ASSOCIATION, INC.</b>																																																					
Principal Place of Business <b>502 BAHIA BEACH BLVD RUSKIN, FL 33570</b>			Mailing Address <b>2250 AVENIDA DEL VERA N FT MYERS, FL 33917</b>																																																		
2. Principal Place of Business Suite, Apt. #, etc. 		3. Mailing Address <b>12800 UNIVERSITY DR.</b> Suite, Apt. #, etc. <b>400</b>																																																			
City & State 		City & State <b>FORT MYERS, FL</b>		4. FEI Number <b>59-2511878</b>																																																	
Zip 		Zip <b>33907</b>		Country <b>USA</b>																																																	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																																																	
6. Name and Address of Current Registered Agent <b>CALLAHAN, W. SCOTT 37 N ORANGE AVE #200 ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>																																																		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																					
<b>Filing Fee Is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																	
<b>Make check payable to Florida Department of State</b>																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">T</td> <td style="width: 15%;"><input type="checkbox"/> Delete</td> <td style="width: 60%;">NAME POCKRUS, ALEX STREET ADDRESS 2250 AVENIDA DEL VERA CITY-ST-ZIP FORT MYERS, FL 33917</td> </tr> <tr> <td>TITLE</td> <td>T</td> <td><input type="checkbox"/> Delete</td> <td>MATZICK, LARRY STREET ADDRESS 2250 AVENIDA DEL VERA CITY-ST-ZIP FORT MYERS, FL 33917</td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input type="checkbox"/> Delete</td> <td>CORDELLO, DOUGLAS STREET ADDRESS 2250 AVENIDA DEL VERA CITY-ST-ZIP N FT MYERS, FL 33917</td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">12800 University Dr., Ste 400</td> <td style="width: 15%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 60%;">NAME Fort Myers, FL 33907</td> </tr> <tr> <td>TITLE</td> <td>12800 University Dr., Ste 400</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>Fort Myers, FL 33907</td> </tr> <tr> <td>TITLE</td> <td>12800 University Dr., Ste 400</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>Fort Myers, FL 33907</td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> </table> </div> </div>						TITLE	T	<input type="checkbox"/> Delete	NAME POCKRUS, ALEX STREET ADDRESS 2250 AVENIDA DEL VERA CITY-ST-ZIP FORT MYERS, FL 33917	TITLE	T	<input type="checkbox"/> Delete	MATZICK, LARRY STREET ADDRESS 2250 AVENIDA DEL VERA CITY-ST-ZIP FORT MYERS, FL 33917	TITLE	TD	<input type="checkbox"/> Delete	CORDELLO, DOUGLAS STREET ADDRESS 2250 AVENIDA DEL VERA CITY-ST-ZIP N FT MYERS, FL 33917	TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Delete		TITLE	12800 University Dr., Ste 400	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME Fort Myers, FL 33907	TITLE	12800 University Dr., Ste 400	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Fort Myers, FL 33907	TITLE	12800 University Dr., Ste 400	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Fort Myers, FL 33907	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 Attachment with an address, with all other like empowered.																																																					
<b>SIGNATURE:</b>  <b>4/20/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																					