


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90298 022 ****61.25

DOCUMENT # 760893 1. Entity Name BAHIA DEL MAR CONDOMINIUM ASSOCIATION NO. 4 OF ST. PETERSBURG, INC.					
Principal Place of Business 5901 SUN BLVD., STE. #200 ST. PETERSBURG, FL 33715			Mailing Address 5901 SUN BLVD., STE. #200 ST. PETERSBURG, FL 33715		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2344829	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WAYDE, CHRISTINE 5901 SUN BLVD., STE. #200 ST. PETERSBURG, FL 33715				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL 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>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COVEY, NEIL 6287 BAHJA DEL MAR CIRCLE, #1308 ST PETERSBURG, FL 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LYNN NUZZO 100 Woods Rd. Little Falls, NJ 07424	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COOKE, EDWARD 6287 BAHJA DELMAR CIR #1203 ST. PETERSBURG, FL 33715	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Karen O'Connell 6287 Bahia Del Mar Cir. # 213 St. Petersburg, FL 33715	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMORUSO, LENNY 6287 BAHIA DEL MAR. CIRCLE, #1202 SAINT PETERSBURG, FL 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMPSON, JOHN 6287 BAHIA DEL MAR CIR #801 SAINT PETERSBURG, FL 33715	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAUGHTON, JAMES 6287 BAHIA DEL MAR CIRCLE, #1206 SAINT PETERSBURG, FL 33715	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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: <i>James Naughton</i> PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/7/05 7278640004 <small>Date Daytime Phone #</small>		