2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011296

FILED Jan 19, 2009 Secretary of State

Entity Name: BAHIA AT DELRAY CONDOMINIUM ASSOCIATION, INC.

	Principal Place	e of Business:	New Principal Place	New Principal Place of Business:	
	STAL WAY BEACH, FL 33	3444			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	STAL WAY BEACH, FL 33	3444			
FEI Numbei	er: 20-4272872	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
ATTN: DE 995 CRYS DELRAY I The above	PROPERTIES EVAN MCNALL STAL WAY BEACH, FL 33 e named entity te of Florida.	3444 US	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	JRE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VOGEL, STAC 995 CRYSTAL	WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
	VP (BEAVER, JOH) Delete N	Title: Name:	() Change () Addition	
Name: Address:	995 CRYSTAL	WAY	Address: City-St-Zip:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	995 CRYSTAL DELRAY BEAC T (UNGER, JOHN 995 CRYSTAL	WAY CH, FL 33444) Delete I WAY	Address:	()Change ()Addition	
Name: Address: City-St-Zip: Title: Name: Address:	995 CRYSTAL DELRAY BEAC T (UNGER, JOHN 995 CRYSTAL DELRAY BEAC S (FELICIANO, TI 995 CRYSTAL	WAY CH, FL 33444) Delete I WAY CH, FL 33444) Delete INA WAY	Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY VOGEL P 01/19/2009