

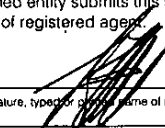
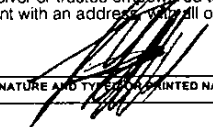


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2008 8:00 am**  
**Secretary of State**

08-29-2008 90002 031 \*\*\*\*61.25

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # N06000003494</b><br>1. Entity Name<br><b>BAHIA MAR AT TREASURE ISLAND CONDOMINIUM ASSOCIATION, INC.</b>   |   |   |  |   |  |
| Principal Place of Business<br><b>2122 W. COUNTRY CLUB<br/>TAMPA, FL 33612</b>  |   |   | Mailing Address<br><b>2122 W. COUNTRY CLUB DR.<br/>TAMPA, FL 33612</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>6654 78th Ave.</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>6654 78th Ave.</b><br>Suite, Apt. #, etc.  |  |    |  |
| City & State<br><b>Pinellas Park, FL</b>  |   | City & State<br><b>Pinellas Park, FL</b>  |  | 4. FEI Number<br><b>61-1472711</b>   |  |
| Zip<br><b>33781</b>   |   | Country<br><b>USA</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><b>HOFSTRA, PETER T<br/>8640 SEMINOLE BOULEVARD<br/>SEMINOLE, FL 33772</b>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name <b>Carlos Yepes</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6654 78th Ave.</b><br>City <b>Pinellas Park</b> FL Zip Code <b>33781</b> |  |
| 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 <br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  | DATE<br><b>8-22-08</b>   |  |
| <b>Filing Fee is \$61.25<br/>Due by September 12, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>SEIDNER, ALFREDO<br><del>2122 W. COUNTRY CLUB DR.</del><br><del>TAMPA, FL 33612</del> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>6654 78th Ave.</b><br><b>Pinellas Park FL 33781</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>BODZIAK, RALPH E<br>3637 - 4TH ST N #230<br>ST. PETERSBURG, FL 33704                  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>YEPES, CARLOS<br><del>2122 W. COUNTRY CLUB DR.</del><br><del>TAMPA, FL 33612</del>     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>6654 78th Ave.</b><br><b>Pinellas Park FL 33781</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <br><small>SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | Date <b>8-22-08</b> Daytime Phone # <b>727-536-8686</b>                |  |  |