


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90818 008 ****61.25

DOCUMENT # N14580 1. Entity Name LA BAHIA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1300 FT PICKENS RD PENSACOLA BCH, FL 32561 US				Mailing Address 3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2854778	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ETHERIDGE, RAY O 3298 SUMMIT BLVD STE 4 PENSACOLA, FL 32503				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	SD	<input checked="" type="checkbox"/> Delete	TITLE	5 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GLASS, NANCY		NAME	DICK LUOMA	
STREET ADDRESS	1300 FT. PICKENS RD #116		STREET ADDRESS	1300 FT PICKENS RD #114	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561		CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOSSOM, EILEEN		NAME		
STREET ADDRESS	5030 ASHURST DR.		STREET ADDRESS		
CITY-ST-ZIP	ROSWELL, GA 30075		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNOR, DEB		NAME		
STREET ADDRESS	1300 FT. PICKENS RD #118		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWENS, STAN		NAME		
STREET ADDRESS	3505 KING GEORGE ST.		STREET ADDRESS		
CITY-ST-ZIP	OCEAN SPRINGS, FL 39864		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DREIMAN, ED		NAME	William Mitchell	
STREET ADDRESS	17440 LAKEVIEW CR		STREET ADDRESS	207 Fairways Ln	
CITY-ST-ZIP	NORTHVILLE, MI 48167		CITY-ST-ZIP	Madison, MS 39110	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	MARY SKARDA	
STREET ADDRESS			STREET ADDRESS	4331 IBERVILLE ST.	
CITY-ST-ZIP			CITY-ST-ZIP	MANDEVILLE, LA 70471	
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: <u>Deb Connor</u> <u>DEB CONNOR</u> <u>4/25/07</u> <u>20-434-3585</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					