

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

95 APR 17 10 PM 4 PM 2: 02

DOCUMENT # **N18338 (6)**

1. Corporation Name
**BAHIA DEL MAR CONDOMINIUM ASSOCIATION NO. 5 OF S
T. PETERSBURG, INC.**

Principal Place of Business Mailing Address
P.O. BOX 12709 P.O. BOX 12709
ST. PETERSBURG FL 33733 ST. PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 26 | 12/18/1986 | 05/31/1994 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number | Applied For |
| 22 | 27 | 59-2896644 | Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | 28 | <input type="checkbox"/> | |
| Zip | Country | 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| 24 | 25 | Trust Fund Contribution | <input type="checkbox"/> |
| | | 7. Nonprofit with IRS 501(c)(3) | \$68.75 Supplemental Fee Not Required |
| | | Tax Exempt Status | <input type="checkbox"/> |
| | | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent
**CALLOS, HARRY
300 31ST ST N.
STE. #125
ST. PETERSBURG FL 33713**

10. Name and Address of New Registered Agent
81 Name **Thomas Hodges**
82 Street Address (P.O. Box Number is Not Acceptable)
300 31st Street N Suite 125
83
84 City **st. Petersburg** FL 85 Zip Code **33713**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|--|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHALEN, JOHN | 1.2 NAME | |
| STREET ADDRESS | 6073 BAHIA DEL MAR BLVD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST. PETERSBURG FL 33715 | 1.4 CITY - ST - ZIP | |
| TITLE | STD | 2.1 TITLE | STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CROSS, GEORGE | 2.2 NAME | George Gross |
| STREET ADDRESS | 6047 BAHIA DEL MAR BLVD | 2.3 STREET ADDRESS | 6047 Bahia Del Mar Blvd |
| CITY - ST - ZIP | ST. PETERSBURG FL 33713 | 2.4 CITY - ST - ZIP | St. Petersburg, FL 33713 |
| TITLE | VPO | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRADY, RAY | 3.2 NAME | |
| STREET ADDRESS | 128 SHERIDAN AVE. | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | MEDFORD MA 02155 | 3.4 CITY - ST - ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARKO, JOHN | 4.2 NAME | |
| STREET ADDRESS | 6011 BAHIA DEL MAR BLVD., #254 | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST. PETERSBURG FL | 4.4 CITY - ST - ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHALEN, JOHN, III | 5.2 NAME | |
| STREET ADDRESS | 6059 BAHIA DEL MAR BLVD | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | ST. PETERSBURG FL | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE *[Signature]* 3/29/95 (813) 327-7352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR