

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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~~
~~ST. PETERSBURG FL 33733~~

~~P.O. BOX 12709~~
~~ST. PETERSBURG FL 33733~~

3. Date Incorporated or Qualified
12/18/1986

3a. Date of Last Report
04/17/1995

2. Principal Place of Business *46 CONDO ASSOC.*
21 **3001 EXECUTIVE DR.**

2a. Mailing Address *46 CONDO ASSOC.*
26 **3001 EXECUTIVE DR.**

4. FEI Number
59-2896644

Applied For
Not Applicable

22 Suite, Apt. #, etc.
260

27 Suite, Apt. #, etc.
260

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State
CLEARWATER FL

28 City & State
CLEARWATER FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country
34622 PINELLAS

29 Zip Country
34622 PINELLAS

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~THOMAS HODGES~~
~~300-31ST STREET NORTH SUITE 125~~
~~STE. #125~~
~~ST-PETERSBURG FL 33713~~

81 Name
CONDOMINIUM ASSOCIATES
82 Street Address (P.O. Box Number is Not Acceptable)
3001 EXECUTIVE DR., SUITE # 260
83
84 City
CLEARWATER FL 85 Zip Code
34622

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **CONDOMINIUM ASSOCIATES BY CRAIG D. CLOWELL VICE PRESIDENT Craig D. Clowell 2-14-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, GEORGE	2.2 NAME	
STREET ADDRESS	6047 BAHIA DEL MAR BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	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 <input checked="" type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	HYPNAR, JON L.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	6608 AUBURN TROY, MI 48098

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **(813) 866-3983**
Daytime Phone #

CR2E037 (12/95)