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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

3001 EXECUTIVE DR  
C/O CONDO ASSOCIATION  
CLEARWATER FL 34622  
US

C/O CONDO ASSOCIATION  
3001 EXECUTIVE DR 280  
CLEARWATER FL 34622-3389  
US



3. Date Incorporated or Qualified  
12/18/1986

3a. Date of Last Report  
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
59-2896644

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

CONDOMINIUM ASSOCIATION  
3001 EXECUTIVE DR  
SUITE 280  
CLEARWATER FL 34622

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Frank J. McNeal*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/17/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	WHALEN, JOHN	
STREET ADDRESS	6073 BAHIA DEL MAR BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GROSS, GEORGE	
STREET ADDRESS	6047 BAHIA DEL MAR BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BRADY, RAY	
STREET ADDRESS	128 SHERIDAN AVE.	
CITY-ST-ZIP	MEDFORD MA 02155	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HYPNAR, JON L	
STREET ADDRESS	6608 AURORA	
CITY-ST-ZIP	TROY MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHALEN, JOHN, III	
STREET ADDRESS	6059 BAHIA DEL MAR BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	P.O. BOX 32 - N/A
3.4 CITY-ST-ZIP	RYE N.H. 03870
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *George R. Gross* 1/17/97 813 573 9300  
Date Daytime Phone # 0067479

CR2E037 (9/96)