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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 3001 EXECUTIVE DR, C/O CONDO ASSOCIATION #265, CLEARWATER FL 34622-33762, US

Mailing Address: C/O CONDO ASSOCIATION #265, 3001 EXECUTIVE DR 260, CLEARWATER FL 34622-33762, US

3. Date Incorporated or Qualified: 12/18/1986

4. FEI Number: 59-2896644

Applied For: Yes No

21. Principal Place of Business	22. Mailing Address
21 3001 EXECUTIVE DR Suite, Apt. #, etc. 260	22 3001 EXECUTIVE DR Suite, Apt. #, etc. 260
23. City & State	24. City & State
23 CLEARWATER, FL	24 CLEARWATER, FL
25. Zip	26. Zip
25 33762	26 33762
27. Country	28. Country
27 USA	28 USA

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

CONDOMINIUM ASSOCIATION #265
3001 EXECUTIVE DR
SUITE 260
CLEARWATER FL 34622-33762

10. Name and Address of New Registered Agent

81 Name: CONDOMINIUM ASSOCIATION #265

82 Street Address (P.O. Box Number is Not Acceptable): 3001 EXECUTIVE DR, #260

83

84 City: CLEARWATER FL 85 Zip Code: 33762

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 Association By Ray D. Caldwell VICE PRESIDENT 1-2-98
DATE: 1-2-98

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WHALEN, JOHN	
STREET ADDRESS	6073 BAHIA DEL MAR BLVD	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	GROSS, GEORGE	
STREET ADDRESS	6047 BAHIA DEL MAR BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BRADY, RAY	
STREET ADDRESS	PO BOX 32-N/A	
CITY-ST-ZIP	RYE NH	
TITLE	D	<input checked="" 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALFONSO G. CROOK	
1.3 STREET ADDRESS	6085 BAHIA DEL MAR BLVD, #105	
1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DENNIS A. O'CONNOR	
2.3 STREET ADDRESS	623 MUNCY RD.	
2.4 CITY-ST-ZIP	WEST ISLIP, NY 11795	
3.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SUSAN McDONALD	
3.3 STREET ADDRESS	6035 BAHIA DEL MAR BLVD, #244	
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ALBERT FUNK	
4.3 STREET ADDRESS	24 MOUNTAIN DR	
4.4 CITY-ST-ZIP	MAR, PA 16046	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CONNIE MEECE	
5.3 STREET ADDRESS	6061 BAHIA DEL MAR BLVD, #107	
5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
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 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 on an attachment with an address.

SIGNATURE: McDonald 1/31/98

CR2E037 (10/97)