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04-02-1999 90049 001 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N18338

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

Principal Place of Business 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER FL 33762 US 6025 Sun Blvd Suite 202 St. Petersburg FL 33715	Mailing Address 3001 EXECUTIVE DR SUITE 260 CLEARWATER FL 33762 US 6025 Sun Blvd Suite 202 St. Petersburg FL 33715
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2. Principal Place of Business 21 6025 Sun Blvd Suite, Apt. #, etc. 22 Suite 202 City & State 23 St. Petersburg, Fl. Zip 24 33715	2a. Mailing Address 26 6025 Sun Blvd Suite, Apt. #, etc. 27 Suite 202 City & State 28 St. Petersburg Fl Zip 29 33715	3. Date Incorporated or Qualified 12/18/1986	4. FEI Number 59-2896644	Applied For Not Applicable
Country 25 Pinellas USA	Country 30 Pinellas USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

~~SONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DRIVE SUITE 260
 CLEARWATER FL 33762~~

10. Name and Address of New Registered Agent

81 Name Resource Property Management
82 Street Address (P.O. Box Number is Not Acceptable) 103 Cleveland Ave S.W.
83
84 City Largo FL 85 Zip Code 33770

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: Arthur LeBlanc, CAM Arthur LeBlanc 3/16/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CROOK, ALFONSO G	
STREET ADDRESS	6085 BAHIA DEL MAR BLVD #105	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	O'CONNOR, DENNIS A	
STREET ADDRESS	623 MUNCEY RD	
CITY-ST-ZIP	WEST ISLIP NY 11795	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, SUSAN	
STREET ADDRESS	6035 BAHIA DEL MAR BLVD #244	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FINK, ALBERT	
STREET ADDRESS	24 MOUMOUTH DR	
CITY-ST-ZIP	MARS PA 16046	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MECCER, CONNIE	
STREET ADDRESS	6081 BAHIA DEL MAR BLVD #107	
CITY-ST-ZIP	ST PETERSBURG FL 33715	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	OV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CROOK, ALFONSO G.	
1.3 STREET ADDRESS	6085 Bahia Del Mar Blvd # 105	
1.4 CITY-ST-ZIP	St. Petersburg FL 33715	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Barrett, William	
2.3 STREET ADDRESS	174 Greenwood Way S.	
2.4 CITY-ST-ZIP	N. Olmstead, OH 44070	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Burton, Robert	
3.3 STREET ADDRESS	15206 Valley View Drive	
3.4 CITY-ST-ZIP	Carmel, IN 46032	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FINK, ALBERT	
4.3 STREET ADDRESS	6085 Bahia Del Mar Blvd. Unit #255	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33715	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Claesson, Cathy	
5.3 STREET ADDRESS	6073 Bahia Del Mar Blvd. Unit #207	
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, with all other like empowered.

SIGNATURE: Albert Fink SIGNATURE REQUIRED

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