

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90007 032 ****61.25

DOCUMENT # N18338

1. Entity Name
BAHIA DEL MAR CONDOMINIUM ASSOCIATION NO. 5 OF 5

Principal Place of Business
~~6025 SUN BLVD~~ **5901 Sun Blvd**
STE 200
ST PETERSBURG, FL 33715
US

Mailing Address
~~6025 SUN BLVD~~ **5901 SUN BLVD # 200**
~~STE 200~~
ST PETERSBURG FL 33715-1101
US

2. Principal Place of Business
6011 Bahia del Mar Blvd

3. Mailing Address
5901 Sun Blvd # 200

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number **59-2896644** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
RESOURCE PROPERTY MANAGEMENT
103 CLEVELAND ST S.W.
LARGO FL 33770

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **Alex Bessler LCAM** (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable
 DATE **1/21/00**

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CROOK, ALFONSO G 6085 BAHIA DEL MAR BLVD #105 ST PETERSBURG FL 33715 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alex Simmons Director/President 6085 Bahia del Mar Blvd # 202 St Petersburg, FL 33715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, WILLIAM 174 GREENWARD WAY S. NOLMSTEAD OH 44070 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURTON, ROBERT 15206 VALLEY VIEW DR CARMEL IN 46032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINKE ALBERT 24 MOUMOUTH DR MARS PA 16046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Finke, Albert <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLAESSON, CATHY 6073 BAHIA DEL MAR BLVD #227 ST PETERSBURG FL 33715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stacy <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Alex Bessler** **1/21/00** **827 864 0004**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CE20007 0302