


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90020 024 \*\*\*\*61.25

**DOCUMENT # N18338**

1. Entity Name  
**BAHIA DEL MAR CONDOMINIUM ASSOCIATION NO. 5 OF ST. PETERSBURG, INC.**



Principal Place of Business  
**6011 BAHIA DE MAR BLVD  
 ST PETERSBURG, FL 33715 US**

Mailing Address  
**5901 SUN BLVD  
 #200  
 SAINT PETERSBURG, FL 33715-1101 US**

66403521



2. Principal Place of Business  
 Sube. Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

02042004 Chg-NP CR2E037 (10/03)

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  
 7300 PARK ST  
 SEMINOLE, FL 33777**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when requesting)

**Filing Fee is \$81.25  
 Due by May 1, 2004**

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

Make Check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMMONS, ALEX E <input checked="" type="checkbox"/> Delete 6085 BAHIA DEL MAR BLVD, #202 SAINT PETERSBURG, FL 33715	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert Burton - PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6035 Bahia del Mar Blvd #147 St. Petersburg, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGERVEY, CHARLES <input checked="" type="checkbox"/> Delete 6061 BAHIA DEL MAR BLVD #111 SAINT PETERSBURG, FL 33715	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Angelo Carlucci - TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6035 Bahia del Mar Blvd #248 St Petersburg, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CONIGLARIO, JOHN <input type="checkbox"/> Delete VICE PRESIDENT 6047 BAHIA DEL MAR BLVD #260 SAINT PETERSBURG, FL 33715	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B Bill Calhoun - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6059 Bahia del Mar Blvd #140 St. Petersburg, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORROW, MATT <input checked="" type="checkbox"/> Delete 6061 BAHIA DEL MAR BLVD #107 SAINT PETERSBURG, FL 33715	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCOUR, ARMAND <input type="checkbox"/> Delete SECRETARY 6077 BAHIA DEL MAR BLVD #126 SAINT PETERSBURG, FL 33715	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 affidavit, with all other like empowered.

SIGNATURE: \_\_\_\_\_

**PRESIDENT**

2/5/04

727-846-6471

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Daytime Phone #