


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90021 003 ****61.25

DOCUMENT # N22327		
1. Entity Name VILLAS OF BAHIA BEACH CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 917 BAHIA DEL SOL DR. RUSKIN FL 33575 US		Mailing Address PO BOX 1811 RUSKIN FL 33575 US
2. Principal Place of Business - No P.O. Box # 905 BAHIA DEL SOL DR	3. Mailing Address PO BOX 1811	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State RUSKIN FL	City & State RUSKIN FL	
Zip 33570	Country US	Zip 33575
	Country US	



1st MOORE CR2E037 (10/06)

4. FEI Number 59-3018097		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BYRNES, MIKE 909 BAHIA DEL SOL RUSKIN FL 33570		
7. Name and Address of New Registered Agent Name MICHAEL C. PETERSON Street Address (P.O. Box Number is Not Acceptable) 905 BAHIA DEL SOL DR. City RUSKIN FL Zip Code 33570		

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 *Michael Peterson* **MICHAEL C PETERSON** 3/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TD BYRNES, MIKE 909 BAHIA DEL SOL DR RUSKIN FL 33570 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEVEN ROBINS 903 BAHIA DEL SOL DR RUSKIN FL 33570 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, MIKE 905 BAHIA DEL SOL RUSKIN FL 33570 <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	SD GORTER, WAYNE 911 BAHIA OIL SOL DR RUSKIN FL 33570 <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	<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	<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	<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 exemptions contained in Section 119, 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: *Michael Peterson* **MICHAEL C PETERSON** 2/22/07 813 641 9745
Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #