

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90036 047 ****61.25

DOCUMENT # N22327	
1. Entity Name VILLAS OF BAHIA BEACH CONDOMINIUM HOMEOWNERS ASSOCIATION, INC.	
Principal Place of Business 903 905 BAHIA DEL SOL DR RUSKIN, FL 33570 US	Mailing Address PO BOX 1811 RUSKIN, FL 33575 US



01032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3018097	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PETERSON, MICHAEL 905 BAHIA DEL SOL DR RUSKIN, FL 33570 <i>Stephen Robins</i> <i>903 Bahia Del Sol Dr.</i> <i>Ruskin, FL 33570</i>		DO NOT WRITE IN THIS SPACE
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: <i>Stephen Robins</i> <i>Stephen Robins</i> <i>4-10-08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBINS, STEVEN <i>Stephen</i> 903 BAHIA DEL SOL DR RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, MIKE 905 BAHIA DEL SOL DR RUSKIN, FL 33570 <i>President</i> <i>Jim Coniglio</i> <i>915 Bahia Del Sol Dr.</i> <i>Ruskin FL 33570</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GORTER, WAYNE 911 BAHIA OIL SOL DR RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Stephen Robins</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>4-10-08</i> Date	<i>813 943 5333</i> Daytime Phone #
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