

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N24716**

1. Entity Name  
7115 BAHIA NORTH OWNERS' ASSOCIATION, INC.



Principal Place of Business  
6515-21 N.W. 115TH LANE  
AT TURKEY CREEK  
ALACHUA, FL 32615

Mailing Address  
PO BOX 358554  
GAINESVILLE, FL 32635-8554



01062006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2882842

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FREY, FRANCES A.  
6517 N.W. 115TH LANE  
AT TURKEY CREEK  
ALACHUA, FL 32615-6902

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FREY, FRANCES A.  
STREET ADDRESS 6517 N.W. 115TH LANE AT TURKEY CREEK-68  
CITY-ST-ZIP ALACHUA, FL 326156902

TITLE VO  
NAME PAGE, PATSY R.  
STREET ADDRESS 6519 N.W. 115TH LANE AT TURKEY CREEK-77  
CITY-ST-ZIP ALACHUA, FL 32615

TITLE STD  
NAME TATE, MARJORIE L.  
STREET ADDRESS 6515 N.W. 115TH LANE AT TURKEY CREEK-116  
CITY-ST-ZIP ALACHUA, FL 32615

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UN0000455426  
03/15/06-80057-014 61.25

**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:

*Frances A. Frey*  
FRANCES A. FREY

13 *Jun 2006*

386-462-5809

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #