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Mar 06 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26571 (2)

1. Corporation Name

BAHIA SOUND HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8385 SE KETCH CT.
HOBE SOUND FL 33455

8385 SE KETCH CT.
HOBE SOUND FL 33455



3. Date Incorporated or Qualified

05/24/1988

4. FEI Number

65-0153351

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PREMAN, EDWARD S.
8385 SE KETCH CT.
HOBE SOUND FL 33455

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME DEZIEL, LAWRENCE
STREET ADDRESS 8619 SE SABAL ST
CITY-ST-ZIP HOBE SOUND FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME D
1.3 STREET ADDRESS SCHARCH, TED
1.4 CITY-ST-ZIP 7831 SE WINDJAMMER WAY
HOBE SOUND FL

TITLE D ☐ DELETE
NAME DAVINO, RALPH
STREET ADDRESS 8023 SE WINDJAMMER WAY
CITY-ST-ZIP HOBE SOUND FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PREMAN, ED
STREET ADDRESS 8385 SE KETCH COURT
CITY-ST-ZIP HOBE SOUND FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SALUJA, K.R. DEEP
STREET ADDRESS 7975 SE WINDJAMMER WAY
CITY-ST-ZIP HOBE SOUND FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME O'HEARN, MARK
STREET ADDRESS 8353 SE KETCH COURT
CITY-ST-ZIP HOBE SOUND FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME EDWARDS MIKE
STREET ADDRESS 8120 SE WINDJAMMER WAY
CITY-ST-ZIP HOBE SOUND FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

2/28/98

(888) 789-
8410

CP2E037 (10/97)