FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N26571 1. Corporation Name

BAHIA SOUND HOME OWNERS ASSOCIATION, INC.

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90001 037 ****61.25

Principal Place of Business Mailing Address								-	
Principal Place of Educations					1 18 111 10 11 11 11 11 11 11 11 11 11 11 11	i darai kigi biani bii	HI BURN BIRK BIRK I	1 111 (111 -	
8385 SE KETCH		8385 SE KETCH CT. HOBE SOUND FL 33455							
HOBE SOUND F	-L 33455	TROBE GOOD TE GO.O.				ii 1000; iidi Bidii dh	DIT MEMER BENEV MENDE I	1011100	
					,	•			
						lifod		 -	
2. Principal Pla	ice of Business	2a. Mailing Address			3. Date Incorporated or Qualifed				
21		26			05/24/1988 4. FEI Number Applied For				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			65-0153351		<u> </u>	pplicable	
		27			05 0 155551		\$8.75 Add		
City & State		City & State			Certificate of Status Desired	ed 🔲	Fee Requ		
23		28 Country			6 Flath Compiler Finan		\$5.00 M	av Be	
Zip Country		Zip Country			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Added to Fees				
24	29 30	<u> </u>		10. Name and Address of New Registered Agent					
	9. Name and Address of Current	Registered Agent	_+	Name	To. Idaile did Man				
				ì					
PREMAN.	•	. 8	Street Add	ress (P.O. Box Number is Not Ac	ceptable)				
PREMAN, EDWARD S. 8385 SE KETCH CT.									
HOBE SOUND FL 33455				33					
HODE OO	OND 12 30 100		1	84 City		FI	85 Zip Co	de	
								gistered	
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Statutes,	the abo	ove-named corp	poration submits this statement to ion's board of directors. I hereby	accept the app	ointment as regi	stered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	f Florida. Such change was auth ons of, Section 617.0503, Florida	Statut	es.		中的數學數學的	非国际新疆文化	496(183)	
agent. i ai	Il latilitat with, and accept the congain						<u> </u>		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required to					ed when reinstating) ADDITIONS/CHANGES T	DATE	ND DIRECTOR	S IN 12	
12.	OFFICERS AND	DIRECTORS	13.			O OFFICERS F	Change	Addition	
TITLE	D	☐ DELETE	1.1 TITL	E		•	Onengo		
NAME	DEZIEL, LAWRENCE		1.2 NAN	AE .					
STREET ADDRESS	8619 SE SABAL ST		1.3 STR	REET ADDRESS	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
CITY-ST-ZIP	HOBE SOUND FL		1.4 CIT	Y-ST-ZIP			☐ Change	Addition	
TITLE	D	☐ DELETE	2.1 1111	LE	•		[_] Criange	☐ Addison	
NAME	DAVINO, RALPH		2.2 NA	WE .					
STREET ADDRESS	8023 SE WINDJAMMER WAY		2.3 STF	REET ADDRESS			•	-	
-	HOBE SOUND FL		2. 4 CIT	ry-ST-ZiP				□ 4 JJ30aa	
CITY-ST-ZIP		☐ DELETE	3.1 1111	LE			☐ Change	☐ Addition	
TITLE	DOCMAN ED		3.2 NA	ME .				j	
NAME	PREMAN, ED		3.3 STF	REET ADDRESS		•		1	
STREET ADDRESS	8385 SE KETCH COURT			TY-ST-ZIP					
CITY-ST-ZIP	HOBE SOUND FL	☐ DELETE	4.1 TIT				Change	Addition	
TITLE	D DEED	 ·	4.2 NA			1 ** 3 . 105 . 107	nahen na na	t _{ha} ty jêra —	
NAME	SALUJA, K.R. DEEP			REET ADORESS			翻翻图的		
STREET ADDRESS	1			ry-ST-ZIP			************************************	198	
CITY-ST-ZIP	HOBE SOUND FL	☐ DELETE	5.1 TIT			1 ,	Change	☐ Addition	
TITLE	D	<u></u>	5.2 NA	4					
NAME	O'HEARN, MARK		5.3 ST	REET ADDRESS				•	
STREET ADDRESS	1 3333 32 32		1	TY-ST-ZIP		•			
CITY-ST-ZIP	HOBE SOUND FL	☐ DELETE	6.1 TII				Change	☐ Addition	
TITLE	D		6.2 NA	L					
NAME	EDWARDS, MIKE			REET ADDRESS					
STREET ADDRESS				1					
1	LIGHT COLLED EL		■ 6.4 Cl	TY-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 supplementar 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 myrname appears in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE: