

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90002 048 \*\*\*\*61.25

**DOCUMENT # N26571**

1. Entity 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 33455-3971

011100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0153351**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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.

SIGNATURE

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**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                   |                                            |                                                |                                                                                           |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DEZIEL, LAWRENCE<br>8619 SE SABAL ST<br>HOBE SOUND FL        | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br><del>DEZIEL</del> SPADARO, ANTHONY<br>7992 SE WINDJAMMER WAY<br>HOBE SOUND, FL 33455 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DAVINO, RALPH<br>8023 SE WINDJAMMER WAY<br>HOBE SOUND FL     | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PREMAN, ED<br>8385 SE KETCH COURT<br>HOBE SOUND FL           | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SALUJA, K.R. DEEP<br>7975 SE WINDJAMMER WAY<br>HOBE SOUND FL | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>O'HEARN, MARK<br>8353 SE KETCH COURT<br>HOBE SOUND FL        | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCHARCH, THEODORE<br>7831 SE WINDJAMMER WAY<br>HOBE SOUND, FL 33455                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>EDWARDS, MIKE<br>8120 SE WINDJAMMER WAY<br>HOBE SOUND FL     | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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:

*Edward S. Preman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/15/00** **546 0302**

CR2E037 (9/99)