


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N26571 1. Entity Name BAHIA SOUND HOME OWNERS ASSOCIATION, INC.	
--	---

Principal Place of Business 8385 SE KETCH CT. HOBE SOUND, FL 33455	Mailing Address 8385 SE KETCH CT. HOBE SOUND, FL 33455
--	--

DO NOT WRITE IN THIS SPACE



02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0153351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PREMAN, EDWARD S. 8385 SE KETCH CT. HOBE SOUND, FL 33455	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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPADARO, ANTHONY 7992 SE WINDTAMMER WAY HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, GINGER 8369 SE KETCH COURT HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREMAN, ED 8385 SE KETCH COURT HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALUJA, K.R. DEEP 7975 SE WINDJAMMER WAY HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KEVIN 8152 SOUTHEAST WINDTAMMER WAY HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000848216
03/20/08-80008-015 61.25

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ED PREMAN

3/3/08
Date

5460302
Daytime Phone #