

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90246 046 \*\*\*\*61.25

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0153351**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **SPADARO, ANTHONY**  
STREET ADDRESS **7992 SE WINDTAMMER WAY**  
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☐ Delete  
NAME **LEE, GINGER**  
STREET ADDRESS **8369 SE KETCH COURT**  
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☐ Delete  
NAME **PREMAN, ED**  
STREET ADDRESS **8385 SE KETCH COURT**  
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☐ Delete  
NAME **SALUJA, K.R. DEEP**  
STREET ADDRESS **7975 SE WINDJAMMER WAY**  
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **D** ☒ Delete  
NAME **BURGER, ROBERT**  
STREET ADDRESS **7831 SE WINDJAMMER WAY**  
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **33455**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **33455**

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR HOLMES, PAUL**  
STREET ADDRESS **8167 SE WINDTAMMER WAY**  
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED ED PREMAN**

**2/19/03**

**(772)546-0302**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)