

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90298 023 ****61.25

DOCUMENT # N38723 1. Entity Name BAHIA VISTA, UNIT III, CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 5901 SUN BLVD STE 200 SAINT PETERSBURG, FL 33715 US		Mailing Address 5901 SUN BLVD STE 200 SAINT PETERSBURG, FL 33715 US	
2. Principal Place of Business 6083 + 6085 Bahia Del Mar Cir.		3. Mailing Address Suite, Apt. #, etc.	
City & State St. Petersburg FL		City & State Suite, Apt. #, etc.	
Zip 33715		Country US	
4. FEI Number 65-0206729		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 RESOURCE PROPERTY MGMT 5901 SUN BLVD STE 200 SAINT PETERSBURG, FL 33715		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 <u>Christine Wayda</u> <u>Christine Wayda</u> <u>3/9/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK, EDWIN 6085 BAHIA DEL MAR CI #270 SAINT PETERSBURG, FL 33715	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, MARTY 1389 LAURELHURST DR TEMPERANCE, MI 48182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCKELLAR, KENNETH 6085 BAHIA DEL MAR CIRCLE #362 ST. PETERSBURG, FL 33715	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WULFF, NORMAN 6085 BAHIA DEL MAR CIRCLE #470 ST. PETERSBURG, FL 33715	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVANY, MARGE 6085 BAHIA DEL MAR CIR #169 SAINT PETERSBURG, FL 33715	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u>M. Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/5/05</u> <small>Date</small>	
<small>Daytime Phone #</small>			