


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90117 031 ****61.25

DOCUMENT # N47176							
1. Entity Name BAHIA VISTA HOMEOWNERS CORPORATION							
Principal Place of Business 3900 CLARK ROAD SUITE L-1 SARASOTA, FL 34233 US			Mailing Address 3900 CLARK ROAD SUITE L-1 SARASOTA, FL 34233 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		03032008 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number 65-0332672			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
DOMBER, HARLAN R. 3900 CLARK ROAD SUITE L-1 SARASOTA, FL 34233			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 _____ (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. <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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROTH, ROYCE		NAME	ETHEL PARI			
STREET ADDRESS	3901 BALRA VISTA ST LOT 434		STREET ADDRESS	3901 BAHIA VISTA LOT 623			
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP	SARASOTA, FL 34232			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	WILMER SEARS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VANDEGRIFT, FAREN		NAME	3901 BAHIA VISTA LOT 616			
STREET ADDRESS	3901 BAHIA VISTA ST		STREET ADDRESS	SARASOTA, FL 34232			
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	MARY STANTON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	DELP, VERNA		NAME	3901 BAHIA VISTA LOT 226			
STREET ADDRESS	3901 BAHIA VISTA ST		STREET ADDRESS	SARASOTA, FL 34232			
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	ETHEL PARI	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAKEY, GEWNEVIEVE		NAME	3901 BAHIA VISTA LOT 623			
STREET ADDRESS	3901 BAHIA VISTA ST		STREET ADDRESS	SARASOTA, FL 34232			
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PAUL KING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BLODGETT, CHARLES		NAME	3901 BAHIA VISTA LOT 331			
STREET ADDRESS	3901 BAHIA VISTA ST LOT 573		STREET ADDRESS	SARASOTA, FL 34232			
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	KEN ANDERSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MULLET, SUE		NAME	3901 BAHIA VISTA			
STREET ADDRESS	3901 BAHIA VISTA ST LOT 738		STREET ADDRESS	SARASOTA, FL 34232			
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP				
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: <u>X Mary W. Stanton</u> X MARY W. STANTON X 4/9/08 X 941 377 5710							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date Daytime Phone #							