2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# N93000000542

Entity Name: BAHIA VISTA, UNIT V, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6105 BAHIA DELMAR CIR
ST. PETERSBURG, FL 33715 US

New Principal Place of Business:

Current Mailing Address:

5901 SUN BLVD
STE 200
ST. PETERSBURG, FL 33715 US

New Mailing Address:

FEI Number: 59-3181864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAYDA, CHRISTINE
C/O RESOURCE PROPERTY MGMT
5901 SUN BLVD STE 200
ST PETERSBURG, FL 33715 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HERMAN LOHSS,
Address: 6105 BAHIA DEL MAR CIRCLE
City-St-Zip: ST. PETERSBURG, FL

Title: PD ( ) Delete
Name: NORMA ENO,
Address: 6105 BAHA DEL MAR CIR. #787
City-St-Zip: ST. PETERSBURG, FL

Title: S ( ) Delete
Name: MARILYN CRANE,
Address: 6105 BAHIA DEL MAR CIRCLE
City-St-Zip: ST PETERSBURG, FL

Title: VP ( ) Delete
Name: FREEMAN, PHILIP
Address: 17001 JAMES ROAD
City-St-Zip: SAINT PAUL, MN 55118

Title: TD ( ) Delete
Name: ROGERS, ROBERT
Address: 6105 BAHIA DEL MAR CIR.#685
City-St-Zip: SAINT PETERSBURG, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA ENO PRES 04/05/2006
Electronic Signature of Signing Officer or Director — Date